MEDICAL COLLEGE OF GEORGIA · GEORGIA'S HEALTH SCIENCES UNIVERSITY · 1828

Today

Volume 27, Number 1 Fall 1998

ANNUAL REPORT 1997-98

A Gift in Trust

Bruce L. Howerton

Would you be interested in a zero percent capital gains rate, a lower income tax bill and increased disposable income? Believe it or not, these advantages could be yours when you make a gift in trust to the Medical College of Georgia Foundation.

A Great Opportunity

As I prepare this article (mid-July), the stock market, as measured by the Dow Jones Industrial Average, continues in the 9200 range, and the NASDAQ and S&P 500 are at their highs. You, no doubt, have seen your investments in the equity markets grow substantially in the 1990s. The Medical College of Georgia Foundation, which administers MCG's charitable giving program, has dually benefited from this equity market growth. It has a major portion of its investments in the stock markets, and MCG donors have been more generous than ever with gifts of appreciated securities.

We realize that many of our supporters cannot afford to make a major outright contribution now, although they would like to do so. They know that giving appreciated securities offers exceptional tax benefits. But perhaps they are dependent on the income produced by their assets, so they cannot depart with the income in spite of the tax advantages they would realize. Most often, this income yield has not nearly kept pace with the growth in asset values. The average dividend yield from common stock is at 30-year lows.

Another prohibiting factor is the capital gains tax on the sale of appreciated securities. Upon payment of this tax, the owner has less funds available to invest. Even with a higher income-producing investment, total cash flow may not change significantly with few dollars invested.

If your situation is such that your investments have grown, your income yield is low and you face capital gains tax upon sale, you may wish to consider a charitable trust.

Personal Benefits of a Life Income Plan

Let's say you decide to donate your stock after all. It's only been paying a small dividend. You know you could probably do better with different stock, but to sell and reinvest in something yielding a higher dividend would mean paying a hefty capital gains tax on your stock's increase in value.

The first benefit of placing your stock in a charitable remainder trust is that it can be sold and reinvested without owing capital gains tax. Then the income from the professionally managed investments goes to you. So it's possible to actually boost your income by transferring the stock to the charitable remainder trust!

A second advantage is the income tax savings you'll realize. That's because a portion of the market value of the stock (the amount that's expected to remain for us after the trust term ends) counts as a charitable deduction on your income tax return.

Perhaps best of all, however, is the satisfaction of knowing that after your lifetime (and even the lifetime of another beneficiary, if you wish), we receive the remainder of the trust funds to support our mission.

Take Your Pick of Two Types

There are two types of charitable remainder trusts. The difference between them depends on whether the income is a fixed dollar amount or a fixed percentage of the trust's market value. You make this choice at the start.

- With an annuity trust, you negotiate the fixed dollar amount you want to receive year after year, regardless of the actual income earned by the trust assets.
- With a unitrust, you negotiate the fixed percentage of the fair market value of the trust assets—revalued yearly—that is paid to you. So the payout will vary.

Which is better? It's up to you. If you want to receive a predictable dollar amount regardless of fluctuating trust investments, then you should choose an annuity trust. But if you believe the value of the trust assets will appreciate over the years, a unitrust is for you.

Setting the level of the fixed amount or percentage is critical. A higher income is attractive—but a lower level will produce a larger income tax savings and leave more for our future needs.

An Example

Fred, 68 and retired, owns three stocks that cost him $30,000 and are worth $100,000 today. They pay dividends totaling only $1,000 a year—a 1 percent yield. While Fred is uneasy about the market, selling these stocks would cost him $14,000 in taxes on his capital gains (20 percent of $70,000). Instead, he decides to donate the shares to a charitable remainder annuity trust that will pay him $7,000 each year. So his yield is not only seven times higher, but he also escapes the capital gains tax and qualifies for a charitable deduction of $43,859 that will save him $12,280 of federal income tax in his 28 percent bracket.

Find Out How You Can Benefit

Of course, the Medical College of Georgia Foundation benefits from your donation eventually, but in the meantime, you receive the benefits. We'll be glad to furnish you examples showing potential payouts and tax savings based on various trust sizes and types, whether funded by cash or appreciated property. Just call us for a no-obligation discussion.

Medical College of Georgia Today
Volume 27, Number 1 Fall 1998

Dear Readers,

One of the biggest challenges of the Medical College of Georgia is to adequately express our appreciation to those who contribute to the future of the university. It is truly humbling to consider the overwhelming generosity of the many individuals and organizations who share their time, talents and assets to ensure that MCG can continually improve its research, teaching and patient care missions.

This edition of *Medical College of Georgia Today* is dedicated to those individuals and organizations. Obviously, no single publication could do justice to such a monumental effort, but we hope this magazine helps convey our gratitude to those whose assistance we couldn't do without. Please check out the list of donors in this magazine to acquaint yourself with those who contribute to the institution. Your name is probably on the list. But whether your contribution is financial or takes some other form, please be assured that your efforts are very much appreciated.

Sincerely,

Francis J. Tedesco

Francis J. Tedesco, M.D.
President
Medical College of Georgia

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Investment in the Future

Each week, Medical College of Georgia medical students Shawn Conwell and Alice Hood ditch their studies for a couple of hours and head for the Augusta Youth Center.

Director Pat Jones founded the after-school center 20 years ago for impoverished children. The daily agenda mixes work and pleasure, but work comes first. Monday through Thursday, the kids do homework, read for up to an hour and complete extra worksheets before hitting the playground. Fridays are for parties, movies and other outings.

MCG students have been mentoring at the center for years, Ms. Jones said. And a number of MCG graduates continue to visit and keep in touch with kids they mentored years ago.

"Coming here has a positive effect on me," said Alice. "Medical school is very isolating. You can lose sight of the rest of the world and forget that not everyone lives the way you do."

Shawn, who grew up in poverty, understands from experience what the kids at the center face. "For me, this is the real world. In some ways I feel more at home here than I do in medical school," he said.

Whether they tutor, play or just sit and talk, Alice, Shawn and others at the Augusta Youth Center give the children something they need: constructive attention and a sense of the possibilities the future holds, Ms. Jones said.

Recently, everyone at the center was thrilled to hear T.J., a regular visitor, ask, "Can I be a doctor like Shawn?"

Cyber Class

A nursing course at the Medical College of Georgia enables students to peruse the syllabus, ask the teacher questions, take tests and check their grades—all via the Internet.

Dr. Martha Tingen, assistant professor of adult nursing, has received an $18,000 University System of Georgia Teaching and Learning Grant to incorporate technology into a new course, Nursing Theory and Research. The course, which teaches students to critique and use research in advanced-practice nursing, is required for all MCG master's-level nursing students.

"The course has never incorporated technology before," said Dr. Tingen. That changed drastically this fall semester.

Dr. Tingen primarily teaches the course from the MCG campus and broadcasts it electronically, via distance-learning, to students on the MCG School of Nursing campus in Athens, Ga. Distance-learning allows instructors and their long-distance students to interact as if they were in the same room. Every class is videotaped.

Dr. Tingen also posts course-related materials on MCG's website. After logging on with a password, students may review the course syllabus and outline from their computers. An electronic bulletin board allows Dr. Tingen and the students to post messages to each other. Students also take tests via the Internet during allotted periods of time.

Dr. Tingen hopes to use the Internet even more extensively in the future. "My goal is to get everything on the web, including lecture notes," she said. "We have to be more and more flexible in how we offer classes. People, especially graduate students, are juggling so many more different roles now than in the past."

On the Mark

A new marker indicating a severely blocked major coronary artery has been identified by nuclear cardiologists at the Medical College of Georgia. This early indication enables immediate treatment and eases the decision to proceed with the more expensive and risky cardiac catheterization, said Dr. Vincent Robinson, nuclear cardiologist and co-director of the Nuclear Cardiology Laboratory at MCG.

The marker is found in the non-invasive thallium stress test, typically the first diagnostic test for suspected heart disease. Patients are injected with thallium, then exercise or take a drug that increases blood flow. Still images taken of the heart immediately after exercise and again three hours later create a three-dimensional image of the heart. Areas of healthy blood flow appear white and those with poor circulation are darker.

A positive thallium stress test indicates reduced blood flow and the potential need for a cardiac catheterization to determine the exact location and severity of the blockage.

While reviewing the thallium stress tests, MCG doctors have found a pattern among patients who later turned out to have a severe blockage: In areas of extreme blockage, the heart wall fed by that artery looked thin just after exercise, but three hours later appeared normal. That means the blood flow was compromised during exercise but the heart tissue was still viable. Now that doctors recognize this test result as a tip-off to a blocked artery, they can immediately take action.

Dr. Kirch to Chair Section

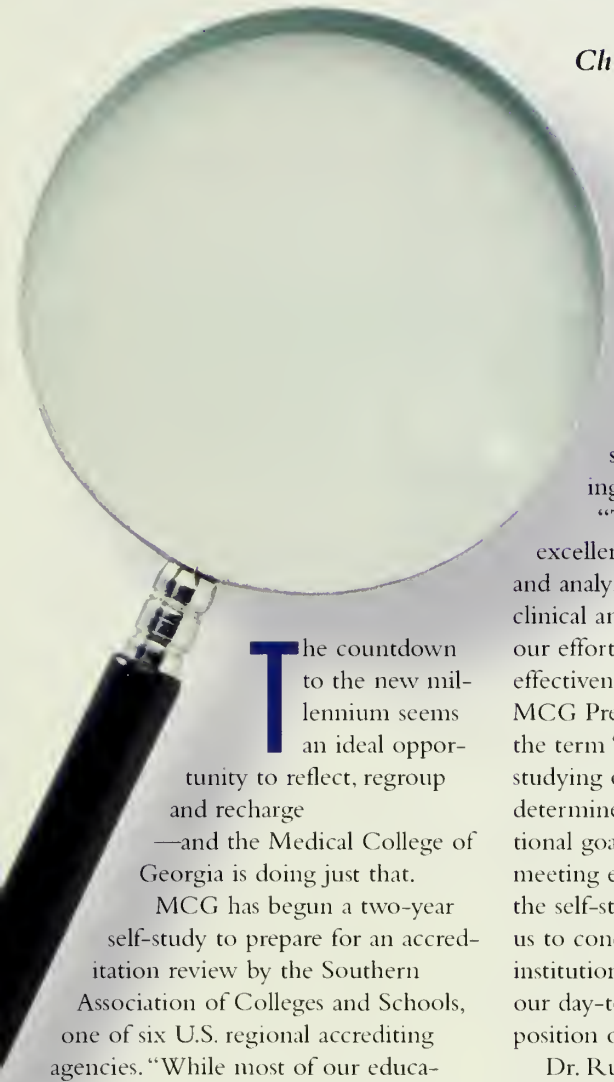
Dr. Darrell G. Kirch, dean of the Medical College of Georgia School of Medicine, has been named to chair the American Medical Association's Section on Medical Schools.

The section improves communication between practicing physicians and medical educators, enables medical educators to participate in the deliberations of the AMA House of Delegates and develops policies on medical education and national health care issues. Membership consists of five representatives from each of the 125 medical schools in the country accredited by the Liaison Committee on Medical Education and 20 at-large members.

Dr. Kirch has been a member of the AMA's Section on Medical Schools since 1994 and a member of its Governing Council since 1996. He also is a member of the AMA's Task Force on Membership. He served as chair-elect from 1997-1998.

TAKING STOCK

Christine Hurley Deriso



The countdown to the new millennium seems an ideal opportunity to reflect, regroup and recharge —and the Medical College of Georgia is doing just that.

MCG has begun a two-year self-study to prepare for an accreditation review by the Southern Association of Colleges and Schools, one of six U.S. regional accrediting agencies. "While most of our educational programs undergo accreditation reviews by their professional organizations, SACS is the umbrella accrediting body for the entire institution," said Deb Barshafsky, director of MCG's Office of Institutional Research and Information and Director of the 1998-2000 Institutional Self-study.

SACS, whose accreditation enables such necessities as federal financial student aid and transferable course credits, will send representatives to MCG for several days in February 2000 to review MCG's operations. Their assessment will determine whether MCG's accreditation is reaffirmed, terminated or put on probation. "The heart of the accreditation process is institutional effectiveness," Ms. Barshafsky said. "All MCG departments should be able to articulate their mission and goals and to document their success in achieving them."

Accreditation review takes place every 10 years, and the Office of Institutional Research and Information coordinates self-studies for the two years leading up to them.

"The self-study presents an excellent opportunity for us to review and analyze MCG's academic, research, clinical and administrative functions in our effort to continuously enhance the effectiveness of our operations," said MCG President Francis J. Tedesco. "As the term 'self-study' suggests, we are studying ourselves in an attempt to determine if we are achieving institutional goals and to determine if we are meeting established standards. I think the self-study is the perfect catalyst for us to conduct an honest appraisal of this institution and to foster improvement in our day-to-day operations and to best position our institution for the future."

Dr. Ruth-Marie E. Fincher, chairman of the 1998-2000 Institutional Self-study Steering Committee, concurs. "Although reaffirmation of accreditation would be reason enough to participate in the process, this is also a unique opportunity to review and analyze [MCG's] functions as we strive to enhance the effectiveness of our activities," she said. "I hope a valuable outcome will be the planning and collaboration across schools to help us function in a more integrated manner."

The steering committee and six principal committees will scrutinize MCG's operations, address points particularly relevant to the accrediting process, then prepare a document to present to SACS. Ms. Barshafsky stressed that every member of the MCG community is involved in the self-study.

"Everyone will be touched in some way, such as serving on a committee or subcommittee, supplying data and information or responding to a survey. This isn't just a faculty endeavor," she said.

"The success of the process will be dependent upon broad input from faculty and staff," Dr. Fincher said.

Such cooperation already is evident, said Dr. Janis A. Work, a member of the Steering Committee and editor of the report MCG will present to SACS. "I am very impressed by how well people from the different schools are working together and how seriously they are taking their responsibilities," she said.

Dr. Barry Goldstein, vice president for academic affairs, said the self-study is one of many initiatives to ensure that MCG functions optimally.

"The self-study is certainly MCG's most visible initiative related to self-regulation, but it is not the only mechanism to periodically assess our efforts and make adjustments. We also evaluate our programs through specialized, professional accreditation processes conducted by each professional program and we are putting in place a program review process which is a necessary component of our institutional effectiveness program. All academic programs on campus will be required to conduct a review at regular intervals to sharpen the institution's focus, achieve sustainable cost savings and increase organizational productivity. I'll be taking this process to the deans for approval in the upcoming weeks."

To learn more about the self-study process and to keep up with MCG's progress, visit the virtual headquarters of the 1998-2000 Institutional Self-study on the web. From the MCG Home Page, select About MCG, then the self-study link. Or go directly to the site at www.oiri.mcg.edu/selfstudy/.

Survey Indicates High Student Satisfaction

Christine Hurley Deriso

A recent survey indicates that Medical College of Georgia students consider their educational experience extremely satisfactory.

The 1997-98 Georgia Student Opinion Survey Project queried students from 34 University System of Georgia institutions last year, asking them to rank their satisfaction with 58 aspects of college services, academics, rules and policies, facilities, registration and overall environment. MCG ranks first among university system schools in 22 of the 58 categories. Students indicated that MCG does an excellent job meeting their needs, ranking first in areas such as concern for students as individuals, instruction in one's major field, attitude and availability of faculty, classroom and laboratory facilities, student government, academic advising, job placement, residence hall services, parking and every aspect of registration. MCG ranks in the top five in 36 categories.

When asked what impresses them most about MCG, students often cite their relationships with the faculty. "I enjoy my interactions with faculty members, particularly their mentoring," said Xianghua Pan, a student in the Department of Pharmacology. "They take a personal interest in their students; they are kind, easy-going and available to answer any questions or requests for help."

Carla Carrell in the Department of Medical Technology agrees. "My program is very flexible and the faculty is a real plus," she said. "They're very willing to work with students and help us out in any way possible."

Students also emphasized the prestige and reputation of the institution. "My department [physiology and endocrinology] was the first of its kind in the United States," said Gene Cannady. "The reputation is excellent and the alumni are very well-known in the field."

"MCG is an excellent research institution. I think anyone interested in research would be interested in training here," said Noriko Kito, a nursing Ph.D. student.

Derin Keskin in the Department of Cellular Biology and Anatomy also noted MCG's efforts to maximize interaction with different disciplines. "We interact with students and faculty from many different disciplines, so we're exposed to different labs, techniques and fields," he said.

MCG's lowest rankings were in areas such as cultural programs, study areas and flexibility to design one's own program of study. "We are very pleased with how our students evaluated MCG. At the same time, we will be looking at those areas where the students felt there was room for improvement," said Dr. Barry Goldstein, senior vice president for academic affairs.

Dr. James B. Puryear, vice president for student affairs, noted that the campus benefits tremendously from the high caliber of students at MCG. "The positive environment as indicated by the students is also an indication of the fine students here who contribute to the environment," he said. "While we are delighted with the positive responses, the survey also gives us an opportunity to review areas for improvement. For example, there is much interest in expanding the facilities for wellness (physical activities) on campus and many people are directing efforts to that end at this time."

MCG will conduct a formal needs assessment study this fall to respond to students' desire for enhanced recreational facilities, according to Randy Butterbaugh, director of student affairs. "We are always looking for ways to improve and better serve our 'customers,'" he said. "We anticipate that the study results will help us in the immediate future as we consider an addition to the Student Center."

Children's Medical Center Dedicated

Some 2,000 community members were on hand May 1 to celebrate an achievement more than a decade in the making: the dedication of the new Medical College of Georgia Children's Medical Center.

"The Children's Medical Center brings together all aspects of care for all of Georgia's children," said Georgia Gov. Zell Miller, the dedication's keynote speaker. "It is a place where children come first, designed to focus on their needs and provide the family-centered care that serves them best, that assumes parents will be participants in helping children get better."

Gov. Miller noted MCG's importance to Georgia as both health care provider and educator of health care professionals, citing telemedicine, the electronic house call and MCG's many outreach clinics as major contributions to enhancing the well-being of Georgians.

The CMC, which serves children and adolescents statewide and beyond, furthers that mission, said MCG President Francis J. Tedesco. "This facility, built with children and their families in mind, will be a constant reminder of the state's commitment to enhancing the well-being of our children," he said.

Dr. William P. Kanto, medical director of the CMC, praised the dedication of MCG's staff and community health care professionals for providing exemplary care to families locally, statewide and regionally. "I believe their accomplishments will be enhanced in our new Children's Medical Center and its beauty and functionality will spur us to even greater achievements."

The architectural firm Stanley, Beaman & Sears and MCG solicited advice from parents and children to design the hospital, combining images of nature and technology and emphasizing family comfort. Thirteen-year-old Paul LeDuc of the CMC Children's Advisory Council pronounced the CMC "kid-approved."

A Life of Real Service

Christine Hurley Deriso

Dr. Lois Taylor Ellison used to tag along with her grandfather to the drug store in Fort Valley, Ga., where he was a pharmacist. At the least, it was a pleasant diversion for the little girl. At best, it was high drama.

Fort Valley's three physicians had offices on the floor above the drug store, and the building often turned into a makeshift emergency room. Dr. Ellison remembers watching, eyes wide and mouth agape, as people with every known malady made their way up the steps to the doctors' offices. "All sorts of exciting things would happen," she recalled. "I even remember people coming in with gunshot wounds."

Surely no other patch of land in Fort Valley was as bustling and frenetic as the building her grandfather worked in. Lois loved it.

She also remembers her compassion for the doctors' patients. "As a child, medicine seemed like not only an exciting life, but a life of real service," she said.

She spent the night often at her grandparents' house, and virtually every time, someone would knock on the front door in the middle of the night, asking her grandfather to fill a prescription. He never turned anyone away or asked them to wait until morning, instead trekking down the street to his drug store to provide their medicine.

Dr. Ellison was hooked. She wanted to be a doctor when she grew up.

No one ever pointed out to her that this particular goal wasn't exactly conventional for a Depression-era little girl. "I really didn't know any better," she said. "I just wanted to be a physician. I'm sure my parents didn't take me seriously until the day I started medical school, but they supported me every step of the way."

Dr. Ellison was so intent on her goal that she tore through undergraduate school in less than three years, earning a bachelor's degree in chemistry and zoology from the University of Georgia in 1943. Oh, she had fun while she was at it. She belonged to several school organizations and spent her spare time refining her formidable tennis game; in high school, she won the Georgia State High School Singles Tennis Championship. But amid all the flurry of activity, she never lost sight of her ultimate goal: a medical degree.

In 1943, after graduating from UGA, she enrolled in the Medical College of Georgia School of Medicine—one of three women in a class of 75. Near the end of her freshman year, a friend asked her along on a double date, which turned out to be her first social encounter with a surgical resident, Dr. Robert G. Ellison. "It was the best thing that ever happened to me," Lois Ellison said simply. Nine months later, they were married.

Six weeks after the wedding, tragedy

struck: Lois Ellison contracted tuberculosis. The average length of hospitalization for tuberculosis patients at the time was 4.2 years. Those who went home at the end of that period were the lucky ones; many died. "Sadly, I witnessed the deaths of many patients," Dr. Ellison said.

She was hospitalized for 18 months, separated from her new husband who continued his residency at MCG. But she survived. After two more years of recuperation at home, she re-enrolled in medical school. "The doctors didn't want me to go back to medical school, but I'd come too far," she said. She threw herself back into her studies with a sense of urgency. A year later, in 1950, she graduated.

She laughs that in retrospect, things didn't turn out so badly after all. "This way, I get to say I graduated in the '50s rather than the '40s," she said. With the same humor, she notes that she provides a crash course of her health history to those perusing her resume, lest they think it took her seven years to graduate.

After medical school, Dr. Ellison completed a cardiopulmonary physiology fellowship, then joined the MCG faculty where she worked closely with her husband, also a faculty member. "It was a marvelous opportunity for us to do not only clinical work together, but research," she said.

Cardiothoracic surgery was in its infancy at the time, and she and her husband reveled in helping usher in the era. She helped develop MCG's cardiopulmonary lab, where the university's first catheterizations and blood gasses were performed. Her husband performed MCG's first open-heart procedures using bypass in 1956.

During this whirlwind of professional activity, the Ellisons also were busy on another front. They had their first baby in 1953, and within the next six years, they were the proud parents of five sons. "We had to catch up," Dr. Ellison laughed.

They were devoted parents, but their careers never missed a beat. "I kept right on working," Dr. Ellison said.

As a mother, Dr. Ellison was vigilant about reserving weekends and evenings for her family, and she was almost always home in time to have dinner with her children. "That was my commitment," she said. "If we were going to have children, I was going to be there." Surely Dr. Ellison's schedule as a physician and mother of five must have been grueling, but you'll never hear it from her. "I'm very fortunate in that I don't require much sleep and I have a lot of physical stamina," she said. Indeed, she said, things never became so hectic that she didn't take the time to enjoy her children, which she considers the most important advice any parent can heed. Today, three of her sons are physicians, one is a lawyer and one a businessman.

"I don't know how she was able to do it, but she did all the usual mother-type things," said Dr. Ellison's son, Mark, a urologist in Athens, Ga., who graduated from MCG in 1982. "I remember her taking me to the grocery store and pushing me in the cart, just like every other mom. Both my parents had full-time careers, but they were always there for us."

As the children began leaving the nest, Dr. Ellison's career began to shift into administration. In 1974, she was named associate dean for curriculum in the School of Medicine. A year later, she was named provost—second in line to then-President William Moretz. Dr. Moretz's successor, Dr. Jesse Steinfeld, reorganized MCG's administration, eliminating the provost position. He asked Dr. Ellison what role she would like to take. She responded that the expansion of the MCG Hospital and Clinics required full-time supervision. Dr. Steinfeld agreed, and she was named associate vice president for planning (hospital and clinics), a position she retains to this day.

"Dr. Ellison has been one of MCG's mainstays for many, many years," said MCG President Francis J. Tedesco. "The various administrative positions she has held are indicative of her unique qualifications for vital and pivotal roles in the institution. She has admirably served as a teacher, researcher, clinician and academic administrator. She's a good friend and colleague, an ideal alumnus and a wonderful role model."

Dr. Ellison reflects with pride on MCG's growth. "When I came to MCG in 1943, we had less than 100 employees, no hospital of our own and three buildings," she said. Fifty-five years later, MCG's sprawling complex includes an Ambulatory Care Center/Specialized Care Center, Interdisciplinary Research Building and, closest to Dr. Ellison's heart, the Children's Medical Center. "I'm proud to be a member of the team," she said.

Patricia Sodomka, executive director of MCG Hospital and Clinics, said MCG owes much of its growth to Dr. Ellison's efforts. "There is no one in the MCG organization who better reflects our values and our commitment to the citizens of Georgia than Lois Ellison," said Ms. Sodomka.

Robert and Lois Ellison have not only helped shape MCG's history, they've also helped record it. Dr. Robert Ellison, who retired 11 years ago as MCG's chief of cardiothoracic surgery and Charbonnier Professor Emeritus, recently wrote a book published by the MCG Department of Surgery chronicling the history of cardiothoracic surgery at MCG. Lois Ellison was a source of unflagging support during the project, as she has been for all her husband's endeavors during their 53-year marriage.

Indeed, Lois Ellison is as energetic as she's ever been. Her impact on medicine continues to be far-reaching; she is a member of the American Lung Association of Georgia State Board of Directors, for which she also has served as president. She also has served as president of the American Lung Association, which awarded her with its 1998 Will Ross Medal. She is a member of the board of directors of the MCG Research Institute and the MCG School of Medicine Alumni Association, serving as president in 1988-89. She won the 1992 MCG School of Medicine Distinguished Alumnus Award and the 1993 Woman of Excellence Award in Health, among many other honors.

She appreciates the plaudits but accepts them with no small degree of humility. "It has been my privilege to be a physician and faculty member of the Medical College of Georgia and to be blessed with a wonderful family," she said. "It has been a great and marvelous life."

Katelin Boykin with Dr. Catherine deVries (from right), Dr. Ann Marie Flannery and nurse Leah Enbanks

Camilla Boykin remembers the desolation she felt the day her third child was born. She had had two bald babies and was hoping this one would have gorgeous hair.

And Katelin *did* have gorgeous hair. She also had spina bifida occulta.

Within the hour, a doctor told Camilla the official diagnosis, but the foreign words meant nothing until her husband told her that Katelin was paralyzed.

The doctor told her other things she wished she couldn't understand. He said there wasn't a cure. He said a wheelchair would be her best option for mobility. He said her life expectancy was short.

It was all bad and mostly true. It was too much.

At the Medical College of Georgia Children's Medical Center, Camilla would hear many of the same things, but the doctor who told her was holding her hand and has cared for countless children such as Katelin.

"There's a huge range in this disease," said Dr. Ann Marie Flannery, the pediatric neurosurgeon who talked to Camilla that day. "Those who don't see it all the time tend to have a mental image of the worst of the worst. The reality is that most of these children do extraordinarily well."

The fact that much can be done for children such as Katelin is the force behind the new Functional Rehabilitation Clinic for Children with Spina Bifida at the MCG Children's Medical Center.

At the new clinic, pediatric neurosurgeons, pediatric orthopedic surgeons, pediatric rehabilitation specialists and pediatric urologists gather monthly to meet the needs of Katelin and others like her. This multidisciplinary clinic is patterned after those at other children's hospitals and other CMC clinics for children whose problems, such as cerebral palsy and craniofacial abnormalities, may require a lasting relationship with multiple subspecialists.

"Many of these kids have to see a lot of different doctors individually," said Dr. Catherine R. deVries, chief of pediatric urology. "It makes it hard for the families to go to each different doctor on a different day in a different location. So we wanted to bring them together. Studies have shown that kids get improved care and don't fall through the cracks if they are cared for in such a place."

"This way, a child with a comprehensive problem is provided care in an organized way," said Dr. Elizabeth Moberg-Wolff, medical director of the Children's Rehabilitation Center at Walton Rehabilitation Hospital in Augusta and a member of the newly organized team for children. "We can address the social issues, the sexual issues, the functional issues, the bracing issues, all the medical issues at the same time and have doctor-to-doctor communication, because [we are] there at the same time. The families can hear the information and discuss it with the doctors in one day, conveniently. So it's a much better system for providing care for a lifelong disability."

The scope of care is as diverse as the condition itself and begins the day the baby is born. Problems can range from an essentially benign lack of lamina, a

The Sky's the Limit

Toni Baker

portion of the vertebra that helps cover the spine, to serious anomalies that can cause the spine to bend forward, backward or sideways. Many spina bifida patients are born with an open spine, requiring immediate surgery. Spinal abnormalities almost always necessitate surgery at some point, said Dr. Henry J. Iwinski Jr., pediatric orthopedic surgeon at the MCG Children's Medical Center.

Abnormal innervation can lead to hip, knee and foot problems such as hips that slip out of their sockets and knees that hyper-extend or hyper-flex. These children also can have associated abnormalities such as club feet.

Spina bifida may cause paralyzed muscles or certain muscle groups that are stronger than others, so even if legs and feet work, they may not work well together. Muscle imbalances can lead to progressive deformities that need surgery or bracing. Wheelchair-bound spina bifida patients must sit evenly, putting equal pressure across the buttocks to avoid chronic pressure sores. With special bracing, even children with more serious disabilities may be able to walk. Research suggests that standing erect, even for a few years, can enhance skeletal strength and development.

And some of their problems aren't so evident.

Eric Jernigan, 8, was born with an open spine, which Dr. Flannery closed, and he was running around on his first visit to the clinic. But he had more that needed tending.

"The deformity in the back often affects the nerves to the bladder, the bowel and the lower extremities," Dr. deVries said. "That's why frequently these patients can't walk, and those who do walk (such as Eric) still may lose control of their bladder and bowel."

At the first clinic, Dr. deVries introduced Eric to Katelin and 18-year-old Jessica Jennings so he could meet young people who gained control of these functions with surgery.

Left untreated, bowel and bladder incontinence can be isolating and debilitating. "These kids need to find a way to be independent," said Dr. deVries. "What teen-ager wants his mother to be managing his bowel and bladder?" And there are physical costs as well. Without regular catheterization to empty the bladder, the bladder can become over-full, back up to the kidneys and eventually necessitate dialysis or a kidney transplant.

"This should not happen," said Dr. Moberg-Wolff, and it is a key reason that comprehensive care is essential. Parents should learn from the beginning that these problems are preventable. Antiquated notions such as the one that children under age 12 can't catheterize themselves dissipate when parents learn that kindergartners are managing the task, she said.

Children with spina bifida who can't control their bowel or bladder have surgical options and can be trained on bladder and bowel care, the doctors say.

"If their bladders are unable to hold urine, we can augment them using a patch of bowel and make the bladder larger," Dr. deVries said. "We also can do a procedure which tightens the urethra so urine doesn't leak [for instance, when laughing or walking.]"

For those who can't empty their bladder well—the ones at highest risk of

Jessica Jennings

losing their kidneys—she uses the worm-sized appendix to route the urine from the bladder to the navel where she creates a stoma, a clean, dry opening, so the child can easily catheterize himself. The navel is selected because the stoma is largely unnoticeable there and it's an easy spot for children with poor sensation in their bellies to find.

The sacral nerves, those that impact the bladder, also help control the bowel. "Many of these children are chronically constipated," Dr. deVries said. "[But] if we put them on a program where they empty their bowel every one or two days, they can be continent and not have embarrassing mistakes."

Suppositories and laxatives aid regularity, and Walton Rehabilitation Hospital has a bowel and bladder nurse who works individually with the children and families to determine their best options, Dr. Moberg-Wolff said.

Dr. deVries also offers bowel surgery, similar to the technique used for the bladder. "We use the appendix again," she said. One end is hooked to the colon and the other to a small stoma at the navel, again creating a clean, dry, accessible source that works like a reverse enema and makes it easy for the child to manage his own bowel care ... if he can get into his bathroom.

"Two of the kids at the first spina bifida functional rehabilitation clinic didn't have wheelchair-accessible bathrooms in their homes," said Dr. Moberg-Wolff, noting that the clinic works to resolve such issues. Walton's

THE JOURNEY OF FOLATE

Toni Baker

New information about how folic acid gets from a mother to her developing baby has been found by a Medical College of Georgia researcher, Dr. Vadivel Ganapathy's findings shatter previous understanding of how the B vitamin—found in fruits and green, leafy vegetables and needed by essentially every cell—journeys from mother to fetus and may help explain why 10 to 15 percent of babies born with neural tube defects are born to mothers who consumed adequate folic acid.

"It doesn't matter how much folic acid the mother takes in if there is no effective mechanism to transfer it across the placenta," said Dr. Ganapathy, biochemist and Regents professor. "As far as the fetus is concerned, the folate is not coming in."

Neural tube defects—which can result in impaired spinal development such as open, twisted spines or inadequate brain to sustain life—occur very early in human development, said Dr. Simon Conway, MCG geneticist and March of Dimes Basil O'Connor Starter Scholar, who is collaborating with Dr. Ganapathy. "Basically the embryo develops as a flat disc," he said. Within the first few weeks of conception, little folds start developing and elevating which will eventually meet and fuse to form the spinal cord. If a failure to fuse occurs in the fetus' back, it causes the open spine of spina bifida, and in the head, the inadequate brain development of anencephaly.

Folic acid, or folate, is a small but essential vitamin that plays a role in rapid DNA replication that makes successful fusion possible. The placenta, the first thing formed by a fetus, is the lifeline between the fetus and the mother. "It's the supremo cell for the developing fetus," Dr. Ganapathy said. The mother's and child's blood don't mix; the placenta must take life-sustaining nutrients and oxygen to the fetus and remove its waste products.

The placenta, which can weigh a pound or more, has a rough-edged border on the mother's side called a brush border membrane and a smoother, basal membrane on the baby's side through which nutrients such as folate must pass.

It was known that the placental cells had folate receptors, and it was assumed that these receptors transported folate from the brush border membrane on the mother's side into the placental cells, through the basal membrane and to the fetus.

Then in 1994, researchers at the National Cancer Institute cloned a folate transporter in a mouse leukemia cell line. "We thought maybe that could be the mechanism for getting folate to the placenta," Dr. Ganapathy said.

Using the mouse folate transporter as a probe, he identified and cloned a folate transporter in a discarded human placenta. He also found that the folate receptors were present only on the cells of the brush border membrane on the mother's side of the placenta.

But a piece of this essential transport mechanism was still missing. When the folate in the mother's blood comes in contact with the receptors on the cells, the receptors become little vesicles for holding folate inside the cells in a process called receptor-mediated endocytosis. What follows is a natural process that changes the acidity inside the vesicles so that the folate becomes essentially a free agent with no receptors. "The question is, 'How does the folate get out of these vesicles and into the body of the cells?'" Dr. Ganapathy said. "That's the second transporter we have been after for the past

Pediatric Rehabilitation Center offers quality-of-life services such as a wheelchair-repair clinic, driving lessons using hand controls and information about scholarships for disabled children.

"For a long time, we were just satisfied to get their open spines closed, get them shunted, get them in school and so forth," Dr. Flannery said. "Now there's a lot more attention paid to the problems these children have fitting in, adjusting socially, coping with adolescence, sexual development and issues of independence as they grow. Those are very important."

The children and parents would hardly argue.

"I would have 40 of her," Camilla Boykin said of Katelin. "She's changed our lives completely. Nothing is the same. It's all for the better." But she worries about the future, when Katelin, now 4, will start school and start living a life that is more independent of her loving family.

And then she hears Jessica Jennings.

"I do everything everybody else does," said the 18-year-old student who loves the mall, her pool, her friends and her family. To her younger counterparts, such as Katelin, her advice is simple: "You can do whatever you want. Don't listen to what other people say."

What Jessica wants is to be a family counselor and use what she has learned so intimately to help others.

Katelin already has a plan as well: "I want to be a princess and a ballerina." At the tender age of 4, she's halfway there.

two years. We have now cloned a transporter which is structurally similar—but not identical—to the first folate transporter and we are now trying to establish its ability to transport folate. So the placenta may actually express three proteins responsible for folate delivery from mother to fetus: the receptor, a transporter on the fetal side and another which functions with the receptor to provide the folate into the cell."

Dr. Conway has a mouse model for studying what happens when this transport mechanism goes awry in the splotch mouse mutant, named for the big, white splotch on its belly. And as with the human placenta, he and Dr. Ganapathy now have shown that a compromised folate transporter causes the problems of these laboratory animals.

"So this is a model for those mothers who are doing their best and taking folic acid supplements but it can never get to the embryo in sufficient quantities and that's what's giving rise to neural tube defects," Dr. Conway said.

These mice have another problem as well. They have too much homocysteine, an amino acid that, in the presence of folic acid, is normally converted into methionine, one of the 20 most common amino acids needed for growth and protein synthesis. Insufficient folic acid increases homocysteine in the baby's blood because homocysteine needs folate to move to the next step and clear. Without sufficient folic acid, homocysteine continues to build to a toxic level. Excessive levels of homocysteine cause heart defects, the most prevalent congenital defect, Dr. Conway said. Heart defects are associated with many other genetic problems in children although their relationship between neural tube defects has not fully been explored, he said.

"In our minds, at least, it can all be traced back to the folic transporter and the problem that is there," he said.

And there may be ways around inadequate or malfunctioning transporters. Dr. Conway is trying to find an artificial folate delivery system that will help the splotch mouse and eventually humans. "It may be as simple as injecting folic acid into the amniotic fluid or we may be able to use another of the naturally occurring transporters and trick them into transporting folic acid as well," Dr. Conway said.

Just why the transporters are missing or malfunctioning in the placenta of the human and mouse is likely a genetic mutation that occurs during the process of DNA replication, a mutation that may actually be passed along from the parents, Dr. Ganapathy said. "Just like every other genetic disease, if we can identify that the folate transporter is abnormal in the developing fetus, we could treat it with direct administration of folate into the developing fetus and, in the future, with gene therapy," he said. Regardless of the intervention, it must be done early because the rise of the neural folds and subsequent development of the neural tube occur within the first trimester.

Researchers and clinicians encourage fertile women to take a folic acid supplement which is so crucial to proper early embryonic development and can help prevent the vast majority of neural tube defects in children. The recommended dietary allowance for folic acid recently was increased to 600 micrograms daily for pregnant women and 500 micrograms for breast-feeding women.

Drs. Ganapathy's and Conway's work is funded by the National Institutes of Health, the American Heart Association and the March of Dimes Birth Defects Foundation.

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A Calling of Compassion

Carole J. Smith

Dr. Claire Hicks—quiet, unassuming, and compassionate, yet fiercely dedicated to her patients—is known in Jesup, Ga., as the AIDS doctor.

She's proud of the moniker, having earned it the hard way. "I used to get so angry when I walked into a room, looked at an {HIV/AIDS} patient and thought, 'I'm going to come to love you and you are going to die,'" said Dr. Hicks. "I suppose I was trying to spare myself from hurt. But after a while, the anger went away. When they come in now, I wonder what stories I will hear, what they are going to teach me and how I will be able to take care of them."

Delivering babies, not treating HIV/AIDS patients, was Dr. Hicks' goal after graduating from the Medical College of Georgia School of Medicine in 1985. But when a few HIV/AIDS patients trickled in during her family medicine residency in Macon, Ga., she developed an immediate rapport with them.

Dr. Harold Katner, Chief of Infectious Diseases at Mercer University School of Medicine, recalls Dr. Hicks' residency. "Dr. Hicks was always very interested in AIDS and people who were discriminated against. She was very comfortable with my AIDS patients and demonstrated a real compassion for them," he said.

Dr. Katner, whom Dr. Hicks considers her mentor, introduced her to the patient who would change the course of her career.

"She was different from other cases I'd treated, and I was quite touched by her story," said Dr. Hicks. "She was a licensed practical nurse with two children who had gotten AIDS from her husband."

She considers that experience "her calling" to treat HIV/AIDS patients. However, plans were already made to open a family medicine practice in Jesup, a small town of 10,000 in southeast Georgia. To fulfill her goal, Dr. Hicks assumed she would have travel to larger towns nearby to treat afflicted patients. But circumstances proved her wrong. Shortly after opening her practice, two

men who tested positive for AIDS walked into her office asking for treatment.

"I really begged them to go to somebody else," said Dr. Hicks. "I told them I didn't have enough experience to adequately care for them at that time. But they were very determined to continue their lives and die in the small town where they lived. So I agreed to treat them, and over the next few years, they really taught me almost everything I needed to know, because between the two of them, they had almost every known symptom."

During that time, Dr. Hicks also became aware of the large rural epidemic involving syphilis, crack cocaine and HIV caused primarily by drug traffic on nearby Interstate 95. Dr. Ted Holloway, Georgia's Southeast Health District director, explained to her how one local situation evolved. An HIV-infected drug dealer from Florida moved into a small south Georgia town and hooked 10 to 12 young girls on crack cocaine. After adding sex to their relationship, he abruptly discontinued the drugs, promising to resume the supply if the girls would become the recruiters he needed to set up a full-fledged drug dealership. The drug dealer had an estimated 20 to 30 sexual partners a week, leading to an outbreak of HIV in the area.

After realizing the severity of the epidemic, Dr. Hicks agreed to coordinate an HIV clinic at the local health department and later became the clinical coordinator of HIV/AIDS Services for Georgia's Southeast Health District. In 1994, she began traveling one day a week to wellness centers in Douglas, Vidalia, Statesboro and Waycross to treat patients. She worked closely with MCG's Department of Infectious Diseases and jointly managed patients in the Statesboro clinic.

Her colleague, Dr. David R. Haburchak, MCG Professor of Medicine in the Section of Infectious Diseases, immediately sensed her deep commitment to her work. "She is a devoted and dedicated physician who assists patients and their families in achieving the best possible quality of life," he said.

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MCG has also contributed to Dr. Hicks' quality of patient care with the advent of telemedicine in Waycross.

"Early on, especially when my learning curve was steep, [my patients would be evaluated via telemedicine by MCG's Infectious Diseases Section]," Dr. Hicks said. "It's been a wonderful system and very beneficial to both sides involved."

In treating approximately 60 to 70 HIV/AIDS patients in her practice of about 3,000 patients, Dr. Hicks has witnessed the new drug treatment regimen of protease inhibitors change the course of the disease.

"We're using protease inhibitors that help prevent the virus from making copies of itself," Dr. Hicks said. "The average time frame from infection to AIDS used to be 10 to 11 years, but protease inhibitors have [lengthened] that. However, protease inhibitors promise hope and despair in the same bucket. While the medication promises hope for some, it's not a miracle for all infected."

Dr. Hicks explained that flulike symptoms (fever, malaise, enlarged lymph glands, sore throat or rash) sometimes appear when HIV is contracted. Upon entering the body, HIV invades the CD4+ lymphocyte cells, taking over the cell replication process in an effort to create new viruses, and in the process, kills the CD4+ cells and damages the immune system.

"If someone doesn't know he is [HIV] positive, one of the first things that may happen is he comes down with any number of diseases that characterize low immune function," said Dr. Hicks. "He may contract pneumonia or meningitis, or start losing weight and having diarrhea. Another common symptom is thrush."

The new viruses repeat the reproduction process rapidly even though the body quickly replaces the CD4+ cells, thus allowing a person to remain healthy for a number of years. Eventually, the infection overwhelms the body's ability to produce CD4+ cells and AIDS develops. This process is monitored through a viral load test measuring the number of viral particles present and CD4+ cell counts. The disease progression can be delayed by prolonging the amount of

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time for the virus to replicate, lowering the patient's viral load and increasing the CD4+ cell counts. Current research is focused in this area.

"The age range for the national epidemic is 25 to 44," said Dr. Hicks. "Now our education efforts are geared toward a younger age. We're dealing with young, gay males who have not identified themselves openly and, because of our inability to educate, are not equipped with the knowledge of HIV/AIDS the first generation experienced first-hand from seeing their gay friends drop dead like flies."

Georgia school systems teach abstinence-based protocols. Juniors and seniors are taught how to protect themselves, but there is no forum for kids to discuss sexually transmissible diseases. But Dr. Hicks' involvement with HIV/AIDS patients recently developed into a nationally televised educational tool. Laura Palmer, a New York writer and producer, contacted Dr. Hicks about a story involving her treatment of rural HIV/AIDS patients for the *New York Times*. The newspaper rejected the story, but ABC-TV's *Nightline* opted to do a two-part segment on Dr. Hicks. Dr. Hicks was initially reluctant to expose her patients to national television. However, one patient's story told by his father, the Rev. Larry Harris Sr., turned the tide of events.

In 1990, Larry Harris Jr. was told he had AIDS and six months to live. Living in Los Angeles, he wanted to return home to die. But he knew what life is like in a small town such as Jesup, Ga., where fundamentalist churches preach that homosexuality is a sin. Life can become cruel, and with his father a Baptist minister in a rural church and his mother a teller in a local bank, he feared the consequences his family would face.

"I never understood why Larry [Jr.] didn't want to come home after he found out he was sick," said Larry Harris Sr. "After a friend shared what he feared for us, I immediately purchased a one-way airline ticket, sent it to my son and told him to come home. I told him that whatever he had to face, we would face it together."

Dr. Hicks treated Larry Jr. for the last two years of his life, and witnessed the typical small-town reactions not just to Larry, but to other AIDS patients.

"Some folks are very accepting, and some aren't," said Dr. Hicks. "We've had churches to turn people away and other places to refuse service to them in town. But we've also had people to welcome them with arms opened wide."

In both small and large towns, the fear of discrimination forces many patients, such as Larry Harris Jr., to keep their illness a secret. With this secrecy comes a huge burden that exacerbates the illness. Attempting to maintain a normal life coupled with the burden of paying at least $17,000 annually for medications can emotionally cripple some patients.

But Rev. Harris was determined to provide the best care possible for his son. He became his nurse for the year his son was bedridden, feeding him, giving him injections and starting intravenous fluids. And he was there for his death.

"It was Wednesday afternoon, and we hadn't thought he would live through the night," said Rev. Harris. "A lot of family members had visited that morning and about 1:30, I told his mother to get some rest. Larry [Jr.] was struggling so hard to breathe, and so I told him, 'Son, I know you're tired, and it's OK to go. The Lord will give you rest.' I held his hand, read the 23rd Psalm, and a sweet peace overshadowed both of us. Larry's suffering was over."

Dr. Hicks sensed this story could change lives.

"Larry [Jr.] had always said he hoped his illness would benefit someone else," said Dr. Hicks. "His father fulfilled his wish by preaching the funeral and sharing openly with the community his son's illness. It was an incredible blessing and a huge gift to the community through Larry's death that has kept on giving and educating others through the *Nightline* segment."

Following the airing of *Nightline*, correspondence from all over the country gave Rev. Harris more opportunities to help others affected by the illness. A telephone call from a man in Tennessee resulted in Rev. Harris calling and sharing the news of his illness with the man's parents in Arkansas. An invitation to speak to freshman medical students at Rutgers University provided him another opportunity to share.

The small town of Jesup and Dr. Hicks' medical practice will be the focus of yet another television feature, a movie starring Glenn Close as Dr. Hicks. Although anything but a self- promoter, Dr. Hicks is pleased to have another opportunity to educate others about HIV/AIDS and its implications in rural areas.

"I've always said the best witness was the fact that we [her medical staff] saw them, we touched them and we took care of them," said Dr. Hicks. "And that's a big statement for a small town."

She credits her parents for her compassion and dedication, qualities she tries to instill in her daughters, Helena and Mac. Dr. Hicks grew up watching her father, MCG alumnus L.G. Hicks, practice family medicine in her hometown of Clarksville, Ga.

"I got a sense that life's purpose was something other than living it just for yourself," said Dr. Hicks. "There was something you were supposed to do with your life, and that was to be in service for someone else."

L to R: Billy Payne, President Tedesco, Dr. Tillman, Dr. Williams

Commencement Speaker Announces $25,000 Award

Christine Hurley Deriso

When William Porter "Billy" Payne stepped to the podium to address the Medical College of Georgia Class of 1998, the graduates expected to hear about humanity, selflessness and altruism. Instead, they saw those principles in action.

Rather than delivering a traditional graduation speech, Mr. Payne seized the opportunity during MCG's June 6 commencement to announce a $25,000 award to be presented annually to a graduating MCG student who exemplifies caring and compassion in health care.

The announcement of the John F. Beard Award, presented this year to MCG School of Medicine graduate Tywaun K. Tillman, was a surprise. But the spirit of the gesture came as no surprise to those who know Mr. Payne, vice president of NationsBank and former chairman of the Atlanta Olympic Organizing Committee, a man whose actions consistently speak louder than his words.

The award memorializes Mr. Payne's father-in-law and honors MCG President Francis J. Tedesco and Dr. Mark F. Williams. Dr. Williams, chairman of the Department of Otolaryngology, Head and Neck Surgery at Johns Hopkins Bayview Medicine Center in Baltimore, graduated from the MCG School of Medicine in 1988 and while serving as an assistant professor of surgery at MCG treated Martha Payne's father.

"Martha and I are really here simply to say thank you," said Mr. Payne. "Just a little over a year ago, Martha's father came from south Georgia to MCG to undergo radical surgery for a recurring malignant tumor in his neck. We came to MCG clinging to the small hope that surgery might possibly give him a couple more years of the self-sufficiency and dignity which were so critically important to him."

Mr. Beard died nine months after surgery, but "it was successful beyond measure as it provided for Mr. Beard, for every day of the balance of his life, hope and dignity—the certain knowledge that he had clung to life, fought the brave fight and cherished every single moment he spent in our home with his beloved daughter, proving once again that depth is a better measurement of life than length."

Mr. Payne praised not only the skill of Mr. Beard's MCG health care providers, but their "simple acts of kindness. Whoever would have thought that Fran Tedesco's visits to my father-in-law's hospital room every single day at 6 a.m. and 6 p.m. for almost two straight months could have brought so much joy in the midst of such sorrow?"

he said. "And whoever would have thought that Mark Williams' daily phone calls to Martha, even when he moved to Johns Hopkins, could have done so much to communicate the love he had for our family?"

He lauded the "extraordinary compassion" of Drs. Tedesco and Williams and wants to reward that quality in others. The MCG faculty will select each year's recipient based on commitment to health care, community service and other indications of dedication to a life of service.

"Rest assured that life's greatest rewards," Mr. Payne said, "are reserved for those who bring joy to the lives of others."

Dr. Tedesco Receives Spirit of Georgia Award

Toni Baker

Dr. Francis J. Tedesco, president of the Medical College of Georgia, has received the Georgia Economic Developers Association's Spirit of Georgia Award honoring a business leader for ability, courage and determination in transforming an idea into a successful enterprise.

Dr. Tedesco was honored for his contributions to the state as president of Georgia's health sciences university, including bringing telemedicine technology to the largely rural state and supporting the construction of a new children's hospital in Augusta.

Telemedicine is an interactive patient-examination system designed to eliminate distance in providing health care, improving access and reducing costs. MCG brought telemedicine to Georgia in 1991 with an initial connection between MCG Hospital and Dodge County Hospital in Eastman, Ga. Since then, the MCG Telemedicine Center has fostered the establishment and management of the Georgia Statewide Telemedicine Program which now has more than 40 sites including clinics, health departments, primary- and secondary-care hospitals, tertiary-care facilities such as MCG Hospital and state prison facilities.

In December 1996, MCG and the Georgia Institute of Technology announced development of a prototype telemedicine system for the home. The electronic house call system augments home health care by allowing health care providers to electronically examine patients and has potential for nursing homes, assisted living care centers and doctors' offices. The two Georgia universities partnered with a new company, Atlanta-based Cybercare, Inc., in February 1998 to commercialize and distribute the electronic house call system.

The new MCG Children's Medical Center, a $53 million, 220,000-square-foot facility designed with the input of children and families, was dedicated May 1. The building culminates more than a dozen years of work to assess the health care needs of Georgia's children and to recruit faculty and staff to provide the full spectrum of care to children. Dr. Tedesco worked to secure $46.5 million in state bonds to build and equip the new facility and has supported an ongoing development program to garner the support of individuals, businesses and organizations which has raised more than $5 million.

MCG Honors Outstanding Faculty

Christine Hurley Deriso

The Medical College of Georgia presented Outstanding Faculty Awards during its May 21 faculty assembly.

Honored in the School of Allied Health Sciences was Rebecca W. Lam, associate professor in the Department of Radiologic Sciences. The School of Dentistry honored Dr. Carol Ann Lefebvre, associate professor of oral rehabilitation and oral biology and section head of removable prosthodontics. Honored in the School of Graduate Studies was Dr. James R. Goldenring, associate professor of anatomy and cellular biology and of medicine and surgery. The School of Medicine honored Dr. Joseph William Rubin, professor of surgery in the Section of Thoracic and Cardiac Surgery. Honored in the School of Nursing was Patricia Graham, director of the school's Learning Resources Center. MCG's Robert B. Greenblatt, Jr. Library honored Dr. R. Kevin Grigsby, associate professor of psychiatry and health behavior and director of research and development for the Telemedicine Center.

Retiring Faculty Honored

Christine Hurley Deriso

The Medical College of Georgia honored 21 retiring faculty members during its spring assembly May 21.

The School of Allied Health Sciences honored Jessie O. Brown and Dr. Bella J. May. The School of Dentistry honored Drs. Sergio E. Bustos-Valdes, Jerry Garnick, Francis T. Lake, E. Earl Richards and Claude Douglas Smith. Honored in the School of Medicine were Dr. Gary K. Best, Dr. Nazir Ahmad Bhatti, Dr. C. Richard Chamberlain Jr., Jane Morris Green, Dr. Armand M. Karow Jr., Dr. Mary Ella Logan, Dr. James Massman, Dr. Luther R. Mills IV, Dr. Bernard M. Schuman, Dr. Kamla J. Shah, Dr. Joseph W. Tollison, Dr. Vernon T. Wiedmeier and Dr. Charles Wray. The School of Nursing honored Dr. Lenette Owens Burrell, professor of adult nursing.

Class Notes

School of Allied Health Sciences

Elwood Lavelle Waters III (respiratory therapy, '94) has completed his first year of law school at Campbell University School of Law in Buies Creek, N.C. He hopes to practice in the health care law arena or in medical malpractice defense. He and wife Allison recently celebrated their fifth wedding anniversary. She is a recreational therapist with NOVANT Health Care in Winston-Salem, N.C.

School of Dentistry

Dr. A. Scott Linder ('91) and his wife, **Catherine Keeling Linder** (dental hygiene, '89) are pleased to announce the birth of their son, Emory Keeling Linder, Feb. 11, 1998. At birth, he weighed 6 lbs. and 8 oz. and was 21 inches long. The Linders have a private general dentistry practice in Athens, Ga.

School of Graduate Studies

T. Irene Sanders (M.S.N., '75) has written her first book, *Strategic Thinking and the New Science: Planning in the Midst of Chaos, Complexity, and Change* (Free Press/Simon & Schuster).

Candace Cornatzer Waters (M.S.N., '77), Beech Island, S.C., is a family nurse practitioner at University Medical Center in Allendale, S.C. Her husband, Darren Waters (B.A., R.N.), is completing his Master of Public Health Administration degree from USC-Columbia.

Evelyn Martin Lewis (M.S.N., '85), Lithonia, Ga., is director of pediatric nursing at Hughes Spalding Children's Hospital of the Grady Health System. She and her husband, Henry Worthington Lewis, attorney at law, have a daughter, Serina Lewis, and a son, Henry Blake Worthington Lewis.

Dr. Charles Maceo Holsey Jr. (M.S., '89 and Ph.D., '92), Chattanooga, Tenn., received his M.D. degree from Meharry Medical College in May and will perform a family medicine internship at Memorial Hospital in Chattanooga. He is married to **Tanya Anderson Holsey, M.D.** (MCG School of Medicine, '91), who practices internal medicine with the Galen Medical Group in Chattanooga. Their son, Chas Holsey III, is 3.

School of Medicine

Dr. Ernest E. Pund Jr. ('55), La Jolla, Calif., practices cardiology and internal medicine at San Diego Cardiovascular Associates. He recently was awarded a mastership from the American College of Physicians. He and wife Ann Goolsby, also from Augusta, have four grown children: Mary, Ernest III, Roswell and Adelaide. Their first grandchild was expected in June.

Dr. James B. Boorstin ('60), Naples, Fla., is a fellow of the American Psychiatric Association and was recently named a fellow of the American College of Physicians, unusual for a psychiatrist. He is a retired captain (MC) USN, naval aviator, flight surgeon and psychiatrist.

Dr. Gwen Vickery Morgan ('81), Cordele, Ga., has served for the last two years as medical director of Flint Behavioral Health Care, an eight-county comprehensive mental health program serving southwest Georgia based in Americus. She also practices general psychiatry part time at Sumter Regional Hospital in Americus. She married Ken Lott Sr. from Blackville, S.C., Dec. 23, 1994 and has two sons, Robert, 15, and David, 13, who are active in sports and academics in Crisp County schools. She has three stepsons, ages 17, 12 and 10, in South Carolina.

Dr. Christopher U. Cates ('82) has been appointed associate professor of medicine in the Emory University School of Medicine. He will help set up Emory's new Vascular Center. In fall 1995, Dr. Cates headed a multidisciplinary team that performed Georgia's first carotid artery stent procedure.

Dr. Mark Joseph Eanes ('82) founded the Southern Eye Center, P.C., in Valdosta, Ga., in 1986 and is certified by the American Board of Ophthalmology. He is an active staff member at South Georgia Medical Center, including having served as chief of staff. He also has served as president of the Georgia Society of Ophthalmology and the South Georgia Medical Society. He has chaired Partners Choice (a provider-sponsored health care company) since 1997. He is director and chairman of the Lowndes County Board of Health and is a candidate for the Georgia House of Representatives, District 177. He has four children: Elizabeth Anne, Sharon Marie, Amanda Claire and Mark Joseph.

Dr. Mark J. Quarterman ('91) has been awarded the 1997 Archives of Dermatology International Trainee of the Year Award for his study on ocular rosacea. This work was conducted during his dermatology residency at MCG. He has since completed a dermatopathology fellowship at Ohio State University and is in private practice in Anderson, S.C.

Dr. Stacey Walker Johnson ('92), Marietta, Ga., is practicing pediatrics in the Atlanta area. She and husband Neal Johnson announce the birth of a daughter, Elizabeth Cara, born March 15, 1998.

Deadline for submitting information for publication in the fall issue of AlumNews is Oct. 9, 1998.

Alumni! Let us know what's new with you by taking a moment to fill out this form. Also, please send us your curriculum vitae so we can keep your files up-to-date.

☐ Male ☐ Female

Today's date

Name

Telephone number

School graduated from

Degree Class year

Street address ☐ Check if new address

City State Zip

Present specialty and place of training

Professional news (attach additional page if needed)

Personal news (photos welcome)

Please send to: *Christine Hurley Deriso; Alumni Center, 1050; Medical College of Georgia; Augusta, GA 30912; or fax to (706) 721-6723.*

3 Faculty Members Honored

Christine Hurley Deriso

The Medical College of Georgia School of Allied Health Sciences presented three faculty awards May 19.

Drs. R. Randall Baker and Carol A. Campbell received the school's Distinguished Service Awards.

Dr. Campbell, associate professor in the Department of Health Information Management, joined the faculty in 1984. She is a member of the MCG Executive Council and the MCG Academic Council. She has chaired the School of Allied Health Sciences Student Affairs Committee and Faculty Organization. Dr. Campbell is a past president of the Greater Augusta Area Health Information Management Association and is a state health information advisor for Professional and Education Recruitment.

Dr. Baker, assistant professor in the Department of Respiratory Therapy, joined the faculty in 1993. He is an ad hoc reviewer for the *American Journal of Physiology (Cell), Journal of Biological Chemistry* and *Respiratory Care*. He is chairman of the Northeast Region Asthma Camp and a member of the American Thoracic Society, American Association of Respiratory Care and the American Lung Association of Georgia. Dr. Baker is chairman of the School of Allied Health Sciences Academic Affairs Committee.

Raymond Domyslawski received the school's Outstanding Clinical Faculty Award. Mr. Domyslawski, an instructor in the Department of Occupational Therapy, joined the faculty in 1991. He is supervisor of occupational therapy and a certified hand therapist at Care One Rehabilitation in Augusta. Mr. Domyslawski served as chief of the Dwight David Eisenhower Army Medical Center Occupational Therapy Section from 1986 to 1990. A former student noted that "through his evident competence and his advocacy for the profession, he has demonstrated qualities to which I aspire as an occupational therapist."

Jancis Dennis presents award to Dr. R. Randall Baker

Grant Helps Students Reach Out to Rural Communities

Christine Hurley Deriso

A three-year grant is enabling Medical College of Georgia students to assess rural communities' needs while training for their careers in those communities.

The Bureau of Health Professions, a segment of U.S. Public Health Services, is piggybacking onto the existing effort of the MCG School of Allied Health Sciences to send students to rural areas to hone their clinical skills. Georgia's Area Health Education Centers, coordinated by MCG to match health care professionals with medically underserved areas, help identify the training sites.

Once the students come to these communities to train in their fields, the grant carries their services one step further by having them interview community members about the needs in their area.

MCG students in occupational therapy, physical therapy, medical technology, physician assistant, respiratory therapy and health information management are participating in the program. The students, who generally spend several

weeks in the communities working alongside professionals in their field, ask health care providers, health care administrators and health care consumers what they consider to be the communities' greatest needs and problems.

MCG will compile the resulting data, then ask the community to review it and verify its accuracy. "Ultimately, this will enable us to say, 'In these areas, these are problems that need to be resolved.' We'll be saying it based on what they tell us," said Dr. Nancy D. Prendergast, MCG School of Allied Health Sciences associate dean for academic affairs.

The questionnaires are tailored to each of the three audiences—health care providers, health care administrators and health consumers—but all aim to uncover the communities' most nagging problems, both health-related and otherwise. For instance, consumers are asked to identify their health problems, how they were diagnosed, how their health care is funded and what resources are available to help them. Health professionals are asked the advantages and disadvantages of practicing where they do, and why they chose that site in the first place. They also are asked how MCG's distance-learning program and Telemedicine Center can best meet their needs for long-distance education, consultation and patient examination.

With two years of data representing about 50 rural Georgia counties under their belt, the students have discovered that although each community is different, many have common problems. "Everybody talks about teen pregnancy [and too few programs for] wellness and prevention," Dr. Prendergast said. "It doesn't matter who you ask. What we've also found in some rural areas is widespread lack of health insurance."

The experience has been an eye-opener for students, Dr. Prendergast said. One student wrote, "I was able to discover many of the health care issues facing the particular community I was working in."

"Most find it very interesting and have a really good time," Dr. Prendergast said.

The program also enables MCG students in different fields of study—occupational therapy and physical therapy, for instance—to coordinate their training experiences so they can work together, drawing from other fields' expertise. "The priority is interdisciplinary training—giving students opportunities to work together," Dr. Prendergast said.

In addition to interviewing community members, students also must identify available resources in the communities in which they train. The School of Allied Health Sciences and MCG's Robert B. Greenblatt, M.D. Library have compiled this information and created the Rural Resources Directory on the Internet. Users may peruse the information community by community, or may use a key word, such as "Alzheimer's," to instantly access all related resources in the participating communities. As students amass new information, the data is added to the web site. The site is accessible through MCG's home page or may be accessed directly (http//www.mcg.edu/resources/rural/search.html).

MCG administrators hope this program will help communities not only by identifying their needs, but by luring badly needed health care providers to the areas. Specifically, they hope the participating students will consider practicing in those areas after they graduate. "If you train in an area, you're more likely to work there because you know what it's like," Dr. Prendergast said. "This program is partly a recruitment mechanism."

Allied Health Students Honored

The Medical College of Georgia School of Allied Health Sciences presented student awards during its June Honors Day program.

The awards and their recipients are:

- MCG Faculty and Spouse Club Scholarship Award, recognizing academic excellence: Brandi Michelle Hagood, Department of Associated Dental Sciences.
- Raymond C. Bard Scholarship Award, named in honor of the founding dean of the MCG School of Allied Health Sciences: Wendy Lynn Sinclair, Department of Medical Technology.
- Department of Associated Dental Sciences Chairman's Award, recognizing leadership and outstanding service to the class, program and school: Diana W. Weaver.
- Department of Associated Dental Sciences Best Clinician Awards, selected by faculty and classmates: Kristen M. Fuller and Julie Shea Gilbert.
- Department of Associated Dental Sciences Preventive Dentistry Awards, selected by faculty and classmates: Lisa A. Gonzalez and Amy Elizabeth Hale.
- Election to Sigma Phi Alpha, the national honor society for associated dental sciences: Maggie M. Butts, Julie Shea Gilbert and Sherrie B. Newman.
- Augusta Area Health Information Management Association Scholarship Award, presented to a rising senior health information management student: Annecia L. McNeil.
- Dr. Walter L. Shepeard Achievement Award, presented to a medical technology student for academic, professional and personal achievements: Neeta M. Patel.
- Dr. C. Robert Baisden Student Laboratory Management Award, presented to a medical technology student for promise in a laboratory management career: Karla McLeskey.
- CSRA Society of Medical Laboratory Personnel Student Professionalism Award, presented to a medical technology student for self-improvement in and enthusiasm for the field and academic achievement: Amie Marie Fries.
- National Committee for Clinical Laboratory Standards Honored Graduates, presented to medical technology students for initiative, dedication and promise: Leslie Dayton, Tommy Fuller and Arthur Turlak.
- Nancy D. Prendergast Award, presented to an occupational therapy student for outstanding contributions to the field. Linda Elizabeth Bolt.
- Csilla Lungui Award for Second Career Occupational Therapy Students, recognizing academic achievement and extracurricular activities: Linda Elizabeth Bolt.
- Outstanding Physician Assistant Student Award, recognizing professionalism and scholarship: Brian K. Buxton.
- Outstanding Student in Radiography, recognizing academic excellence and outstanding clinical practice characteristics: Allison A. Burton.
- Outstanding Student in Nuclear Medicine Technology, recognizing academic excellence and outstanding professional attributes: Myron A. Lewandowski.
- Election to Lambda Beta Society, the national honor society for respiratory therapy: Shannon Goulder and Jason Hayes.
- Chair's Award, awarded to a respiratory therapy student for academic excellence, strong clinical skills, high professional standards and commitment to the field: Jason Hayes.

Center Links Students with Clinicians Nationwide

Christine Hurley Deriso

The Medical College of Georgia School of Dentistry has tapped into technology that will enable students to electronically interact with dental experts throughout the country.

MCG and Dr. Lee Silverstein, an Atlanta periodontics and MCG alumnus, have developed the Distant Interactive Learning Center, a means of linking students to off-site experts as efficiently as news anchors communicate with correspondents reporting from remote locations. The center, based at Kennestone Periodontics in Atlanta, is managed by MCG's Division of Continuing Education.

MCG makes extensive use of distance learning, which links students at remote sites to the school's courses and lecturers. But The Distant Interactive Learning Center uses even more sophisticated technology to make long-distance interaction as smooth as communicating in person. The center has developed computer software to establish secured fiberoptic cable lines, broadcasting at 29 frames a second—the same as television, with no time delay.

"Most interactive education features real-time speaking, but the movement isn't in real time, which is very awkward," said Dr. Jerry Garnick, chairman of the MCG Department of Periodontics. "Dr. Silverstein worked with electronic engineers to eliminate that problem."

Such technology will allow clinicians to effectively demonstrate techniques.

"You can watch surgery fluidly, for instance," said Dr. Silverstein. "We've taken the existing technology and made it better. Some schools have tried satellite transmission, but it's very expensive and has lots of technical problems. Now, instead of having something cost-prohibitive that has to be set up, we can broadcast over secured lines all year long and bring in any clinician from anywhere in the country."

Participants will call an 800 number to connect to the center, then participate in a presentation either via their computer screen or a larger screen, communicating through a modem. The center also has a recording studio to create compact disks so lectures and presentations can be preserved.

"Now, students can watch the best people in the field at work and ask them questions as they're going along—and nobody has to travel," said Dr. Silverstein.

MCG will initially use the technology to link its periodontics residents—dentists training to specialize in diseases of the bone and tissue supporting the teeth—with experts in the field nationwide. Those experts will lecture and demonstrate techniques as the students observe and ask questions. Other dental schools also will be invited to participate. The center will charge a fee to cover expenses.

"Using an internet station, we can broadcast to 100 sites at one time, so we can disseminate information to just about every periodontics residency in the country," Dr. Silverstein said.

"This technology makes the world much smaller," said Dr. Garnick. "This way, we can all learn together." Dr. Garnick began working with Dr. Silverstein about 10 years ago to bring the idea of the center to fruition.

"Frankly, I never thought it would happen, but Dr. Silverstein gets an idea and goes at it vigorously," Dr. Garnick said. "I think this will start a new way of doing things and demonstrating to the world that this type of education is possible."

Dental Students Honored

Christine Hurley Deriso

The Medical College of Georgia School of Dentistry presented

senior awards May 28. The awards and their recipients are:

- Senior Class President Certificate: Richard Bennett.
- Anatomical Sciences Award: John Wasdin.
- Academy of General Dentistry Award: Nick Pournaras.
- Academy of Operative Dentistry Award: David Schafer.
- AFTCO Associates Practice Management Award: Gayle Overton.
- Alpha Omega Award for Academic Excellence: John Wasdin.
- American College of Dentists Professionalism Award: Richard Bennett.
- American Academy of Dental Practice Administration Award: Dale Mayfield.
- American Academy of Esthetic Dentistry Award: Chandra Williams.
- American Academy of Oral and Maxillofacial Radiology Award: John Wasdin.
- American Academy of Oral Medicine Award: Amy Cates.
- Cranio Mandibular Disorders and Orofacial Pain Award: Richard Thomas.
- American Academy of Oral Pathology Award: John Wasdin.
- Oral Pathology Achievement Awards: Richard Bennett, Kara Keel and Susan Lee.
- American Academy of Periodontology Award: John Wasdin.
- Quintessence International Periodontics Achievement Award: Nick Pournaras.
- American Association of Endodontists Award: Cliff Johnson.
- Hu-Friendly Golden Forceps Award: Matt Mazzawi.
- American Association of Oral and Maxillofacial Surgeons Award: Richard Bennett.
- American Dental Society of Anesthesiology Award: Alex Peavy.
- American Association of Orthodontics Award: Kara Keel.
- American College of Prosthodontists Achievement Award: Richard Thomas.
- American Equilibration Society Award: Richard Bennett.
- American Society of Dentistry for Children Award: Bridget Thompson.
- Georgia Society of Dentistry for Children Awards: Lane Barker and John Wasdin.
- American Student Dental Association Award of Excellence: Richard Bennett.
- American Student Dental Association President Award: Richard Bennett.
- Dentsply International Merit Award: Barclay Woodward.
- Hu-Friedy Golden Carver Award: Jeff Ballard.
- Teledyne Water Pik Prosthodontic Award: John Wasdin.
- Ronald Goldstein Esthetic Dentistry Award: Lane Barker.
- International College of Dentists Award: Cliff Johnson.
- Omicron Kappa Upsilon Awards: Richard Bennett, Amy Cates, Susan Lee, Nick Pournaras and John Wasdin.
- Omicron Kappa Upsilon National Board Award: Gayle Overton.
- Organization of Teachers of Oral Diagnosis Award: Susan Lee.
- Senior Oral Medicine Case Award: Dean Boyer.
- Pierre Fauchard Academy Award: Ben Knaak.
- Quintessence International Award for Clinical Excellence: Susan Lee.
- Southeastern Academy of Prosthodontics Award: Kara Keel.

Dr. Goldstein Awarded Achievement Medal

Dr. Ronald Goldstein, an Atlanta dentist and clinical professor of oral rehabilitation at the Medical College of Georgia School of Dentistry, has received Alpha Omega International Dental Fraternity's Achievement Medal, the society's most prestigious award.

The medal recognizes meritorious contributions to dentistry and allied sciences. The award is presented annually by the second largest international dental association.

Dr. Goldstein authored the first complete text on esthetic dentistry, *Esthetics in Dentistry.* He also wrote *Change Your Smile,* a consumer text about the subject. In addition to his MCG appointment, Dr. Goldstein is an adjunct clinical professor of prosthodontics at Boston University's Goldman School of Dental Medicine and adjunct professor of restorative dentistry at the University of Texas Health Science Center, San Antonio.

Dr. Goldstein has been a member of Alpha Omega for more than 44 years and served as its international president in 1976. He is the first past international president to receive the award.

Alpha Omega International Dental Fraternity was founded in 1907 to support Jewish dental students faced with academic discrimination. The association represents more than 15,000 dentists and dental students and has more than 125 alumni and student chapters in North America, Europe, Israel, South Africa, Australia and South America.

Its philanthropic arm, the Alpha Omega Foundation, has granted more than $12 million in aid to dental schools, clinics, dental-related projects, scholarships, research grants and humanitarian causes.

Dr. J. Steven Kahan (right), international president of Alpha Omega International Dental Fraternity, presents Achievement Medal to Dr. Ronald E. Goldstein

Students Awarded Scholarships

Two Medical College of Georgia dental students have been awarded $2,000 Hinman Scholarships, presented by the Hinman Dental Society of Atlanta to outstanding dental students in the Southeast. Recipients are chosen based on scholarship and financial need. The MCG recipients are William James Cline and Everett Thomas Lewis.

The scholarships stipulate that the recipients intend to practice general dentistry in Georgia and demonstrate need.

Also, the Georgia Section of the Academy of General Dentistry has presented $500 scholarships to Medical

Dr. Peter A. Jensen Jr., chairman of the Hinman Board of Trustees, presents scholarships to Everett Thomas Lewis (right) and William James Cline (left).

College of Georgia dental students Gregory Griffin and Gregory Samples.

Scholarship Fund Established

Christine Hurley Deriso

Dr. W.J. Walker, an Augusta dentist and 1975 graduate of the MCG School of Dentistry, has announced a scholarship fund for selected African American dental students.

The McRae-Orrington Endowed Scholarship fund is named for Drs. Matthew McRae and James Orrington, the first two African American graduates of the MCG School of Dentistry. Both graduated in 1973. Dr. Walker is the facilitator of the fund, which began accepting donations in 1995. Its first recipients, selected by a scholarship committee, will be named this fall. Up to two MCG freshmen will be selected annually.

"A cooperative effort on the part of alumni, corporations, friends and well-wishers has made this effort a reality," said Dr. Walker. "This endowed scholarship will help talented African American students gain entrance and matriculation here at the Medical College of Georgia, which has one of the world's highest-rated dental schools. These students will hopefully go on to serve as distinguished dentists who are sensitive to the needs of their chosen communities and the state of Georgia."

Dr. W. J. Walker announces scholarship

Dr. Whitford Receives Honorary Doctorate

Christine Hurley Deriso

Dr. Gary M. Whitford, Regents professor in the Medical College of Georgia Department of Oral Biology, has received an honorary Doctor of Dentistry degree from the University of Oulu in Finland.

Dr. Whitford initiated a relationship with the university several years ago when he invited representatives from the school's Institute of Dentistry to visit MCG to exchange scientific experiences and concepts. This interaction has continued ever since, and Dr. Whitford has served as an external thesis examiner for the Institute of Dentistry. He was a key speaker at a 1992 symposium at the Oulanka Biological Station in Finland concerning fluoride metabolism.

Dr. Whitford has extensively researched fluoride throughout his career—specifically, issues such as how it helps prevent cavities, how it is metabolized and at what point it becomes toxic. In the 1980s, he discovered that the efficiency with which the kidneys excrete fluoride is heavily dependent on the pH or acidity of urine.

"Fluoride is the cornerstone of modern preventive dentistry," Dr. Whitford said. "We need to fully understand its metabolic and toxic characteristics as well as its mechanism of action so that the full impact of its beneficial effects can be achieved in the absence of unwanted side effects."

Dr. Whitford received the 1986 H. Trendley Dean Distinguished Scientist Award from the International Association for Dental Research and the 1992 ORCA-Rolex Prize from the European Organization for Caries Research. He was named Outstanding Faculty in 1992 by the MCG School of Graduate Studies and in 1993 by the MCG Student Government Association.

Mr. Waldron Awarded Stan Watkins Scholarship

A Medical College of Georgia dental student has been awarded a Georgia Dental Education Foundation scholarship.

Blair Waldron, a junior dental student, received the Stan Watkins Scholarship, which recognizes leadership. The scholarship honors its namesake, a recently deceased Atlanta dentist and past president of the Georgia Dental Association. Mr. Waldron is president of the MCG Chapter of the American Student Dental Association.

The Georgia Dental Education Foundation was formed in 1984 to administer scholarships on behalf of the Georgia Dental Association.

MCG President Francis J. Tedesco congratulates Charisee Lamar

Ms. Lamar Honored

Christine Hurley Deriso

Charisee Antoinette Lamar has been named the Medical College of Georgia 1998 student representative for Academic Recognition Day.

Academic Recognition Day was begun in 1986 to celebrate individual academic achievement and recognition within the University System of Georgia.

Ms. Lamar will earn a Ph.D. in endocrinology from MCG in June. She was nominated as MCG's Academic Recognition Day representative by Dr. Gary C. Bond, associate dean of the School of Graduate Studies. Ms. Lamar's MCG grade point average is 3.57 on a 4.0 scale at MCG. She was a 1992-1996 recipient of a National Institutes of Health/Public Health Service predoctoral research and training award and received a 1996 MCG Faculty and Spouse Club Scholarship. She received a 1996 Society for Neuroscience Minority Travel Award and a 1997 Endocrine Society Travel Award.

Ms. Lamar was one of 12 graduate students in the country to be named a 1996 United Negro College Fund/Merck Graduate Science Research Fellow. The award helped fund Ms. Lamar's research, which dealt with nitric oxide and carbon monoxide, gas transmitters in the brain, and their involvement in reproduction.

Ms. Lamar earned a bachelor's degree in respiratory therapy from MCG in 1988.

Dr. Catravas Named Editor in Chief

Dr. John D. Catravas, Regents professor of pharmacology and toxicology and director of the Vascular Biology Center at the Medical College of Georgia, has been named editor in chief of the international journal, *General Pharmacology.*

The office of the journal will move from Europe to MCG's Vascular Biology Center in October. The journal will be renamed *General Pharmacology: The Vascular System* in January 1999 and will publish as *Vascular Pharmacology* a year later.

The journal is published by Elsevier Sciences, the world's largest scientific publisher.

Graduate Students Awarded for Research

Christine Hurley Deriso

Thirteen Medical College of Georgia graduate students were honored for their research during Homecoming April 30.

The students presented their research April 17 during Graduate Student Research and Health Professions Seminar Day. Their awards were presented during Homecoming.

Winners of the awards are:

- Jason Jessen, Charles J. Hannan Memorial Award for Excellence in Research, presented by Sigma Xi.
- Liming Jin, Lowell M. Greenbaum Award for Research Excellence in Pharmacology, presented by the School of Graduate Studies Alumni Association.
- Qiang Chen, R. August Roesel Memorial Award for Research Excellence in Biochemistry, presented by the School of Graduate Studies Alumni Association.
- William Cannady, Virendra B. Mahesh Award for Research Excellence in Endocrinology, presented by the Medical College of Georgia Foundation.
- Judy Kaye and Noriko Kito, Excellence in Research Awards, presented by the MCG School of Nursing.
- Frank Corl, Educational Multimedia Award, presented by the Department of Medical Illustration.
- Carla Carrell, Matthew Horrey, P. Hank Schmidt, Pankaj Seth, Brett Warren and Xiang Wu, Excellence in Research Awards, presented by the School of Graduate Studies.

School of Medicine

Radiologist's Invention Makes Baseball Safer

Christine Hurley Deriso

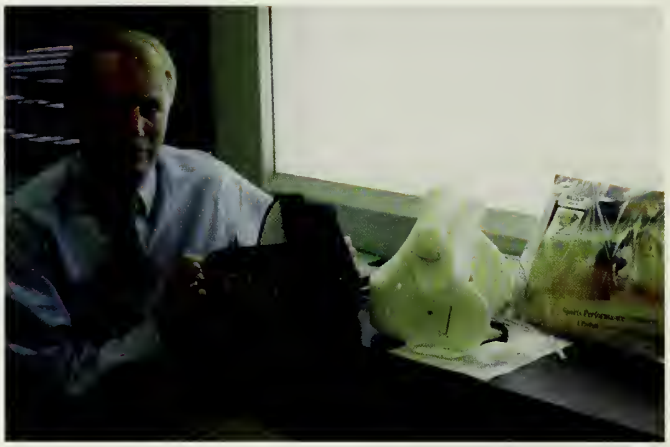
As a radiologist, Dr. Jim Davis ('74) dedicates his life every day to improving others' quality of life. But it was his role as a dad that inspired one of his most recent accomplishments.

Dr. Davis, an Augusta radiologist, has always been a hands-on father to his four children. So when his son became interested in sports, Dr. Davis was right by his side. "I grew up playing baseball, and I got involved with coaching when my son started playing T-ball," he said.

It was both the doctor and the dad in him that made him instantly notice the game wasn't as safe as he would like. "Most kids' pitches are wild, which is really scary for batters," he said. "I remember how much it hurt to get hit. Most of the injuries are minor, but I started looking into what was available for protection."

His research led him to a startling statistic. "I found there were more than 100 kids killed in the last 20 years from getting hit in the chest with a baseball. Over half of all baseball fatalities were related to chest impact—and the chest has no protection during a ball game."

He discovered that when the chest is hit during a certain part of the cardiac cycle, potentially deadly fibrillation can result. "It's a rare injury, but when it happens, it's very difficult to resuscitate a child," he said. "And most fatalities are in the 5- to 14-year-old age range."



Dr. Jim Davis with chest protector

Dr. Davis decided to rectify the situation single-handedly. He couldn't protect every ball player, but he could help protect his son. "I wanted him to have something he could wear under his uniform to protect his chest. I tried to buy something, but the only thing I could find was a ski vest. He would have been self-conscious wearing it."

So Dr. Davis invented a chest protector himself. His criteria were stringent: The chest protector needed to be largely unnoticeable under a uniform; it couldn't impede movement; it had to be strong enough to absorb the impact of a ball; and it had to be comfortable. After a period of trial and error, Dr. Davis developed just what he was looking for. His chest protector, called Flak Jak, is made of a fiber resin product covered with cloth. The material enables each chest protector to be molded to fit perfectly. The owner dips the chest protector in water and straps it onto his chest. After 20 minutes, he takes it off, and overnight, the protector hardens to his exact shape.

"It doesn't impede arm movement at all; it's totally functional," Dr. Davis said.

And it passed the ultimate test: his son didn't mind wearing it. "It's aerated, so it doesn't get hot," Dr. Davis said. "It's very comfortable; it's light-weight and it hooks on with velcro."

Parents of his son's teammates immediately started asking how they could purchase a chest protector, so Dr. Davis partnered with several businessmen and formed a company, Sports Performance Products, to manufacture it for the public. The chest protector, which is patented, is manufactured in the United States and is sold nationwide and locally.

"Three years ago, we began laying the groundwork to market the product for youth baseball," Dr. Davis said. "We sell it via direct marketing, through leagues and the coaching fraternity. It's a grassroots effort to get the product out and let people see it. We started from scratch and we've got a long way to go."

But it's catching on fast. In addition to concerned parents, major-league teams are now approaching Dr. Davis about the chest protector.

"This product is in no way a guarantee that no one will be killed if they're wearing it," Dr. Davis said. "But it prevents some injuries and helps kids realize that if they're wearing it, they won't be hurt badly. It makes them more confident and a better player. At some point, I hope this protection will be mandated."

For more information about the chest protector, which cost approximately $39 and comes in three moldable sizes, call Sports Performance Products at (706) 855-9833.

Dr. Hobbs Named Chairman

Toni Baker

Dr. Joseph Hobbs, a 1974 graduate of the Medical College of Georgia School of Medicine, has been named chairman of the Department of Family Medicine and Georgia Academy of Family Physicians' Joseph W. Tollison, M.D., Chair.

Dr. Hobbs served as vice chairman of academic affairs for the department since 1993 and interim chairman since January. He has served as associate dean for primary care for the School of Medicine since 1994.

"Dr. Hobbs exemplifies the quality of health care education provided by the Medical College of Georgia," said Dr. Darrell G. Kirch, dean of the MCG School of Medicine. "He is a first-rate physician and educator who has used his skills to benefit his alma mater. He understands that all of our missions center on establishing an academic program of the highest quality for our students.

Dr. Joseph Hobbs

"Dr. Hobbs has made major contributions to the medical profession as well, establishing a record as a national leader in medical education," Dr. Kirch said. "Above all else, it was this that made him stand out in the extremely competitive national search to fill the chairmanship."

"Dr. Hobbs has in his heart the best interest of patients, his profession, the Medical College of Georgia and its students and residents," said Dr. Joseph W. Tollison, deputy executive director of the American Board of Family Practice. Dr. Tollison chaired the department for 15 years and the endowed chair Dr. Hobbs assumes bears his name.

Dr. Hobbs is immediate past president of the Society of Teachers of Family Medicine and Predoctoral Directors Group representative to the Associate of Family Medicine Organizations.

Medical Faculty Honored

Toni Baker

Dr. Mary Ella Logan, associate dean for admissions for the Medical College of Georgia School of Medicine, is the 1998 recipient of the Lifetime Achievement Award from the MCG School of Medicine.

Dr. Logan, who also is associate professor of pharmacology and toxicology, joined the MCG faculty in 1970 and has served as associate dean for admissions since 1985. She retired June 30.

She and other School of Medicine faculty were honored at the annual awards ceremony in May.

Distinguished Faculty Awards were presented in the areas of Clinical Science Research, Basic Science Research, Clinical Science Teaching, Basic Science Teaching, Patient Care and Institutional Service.

Recipients are:

- Dr. Bernard Gutin, professor of pediatrics and physiology and endocrinology, for Clinical Science Research.
- Dr. John D. Catravas, Regents professor of pharmacology and toxicology and director of the Vascular Biology Center and Dr. Catherine S. Chew, professor of medicine and chief, Cell Signaling Section of the Institute of Molecular Medicine and Genetics, for Basic Science Research.
- Dr. Clarence Joe, associate professor of radiology, and associate professor of surgery, Section of Orthopedic Surgery, for Clinical Science Teaching.
- Dr. C. Nanu Nair, associate professor of medicine, Section of Infectious Disease, and co-coordinator of the microbiology and immunology course for medical students, for Basic Science Teaching.
- Dr. H. Victor Moore, professor of surgery, Section of Thoracic and Cardiac Surgery, for Patient Care.
- Dr. J. Malcolm Kling, interim vice president for research; director, Office of Research Support Services; and professor of pharmacology and toxicology, for Institutional Service.

Recipients of the Outstanding Young Clinical Science Faculty Award were

- Dr. Brian S. Carter, associate professor of pediatrics, Section of Neonatology.
- Dr. Dennis Marcus, assistant professor of ophthalmology, and director, Retina Service.

The Outstanding Young Basic Science Faculty Award went to

- Dr. Richard S. Cameron, assistant professor, Institute of Molecular Medicine and Genetics.

Educator of the Year Awards, presented by medical students, went to:

- Dr. Joe, from the Class of 1998.
- Dr. Frances W. Chandler Jr., professor of Pathology and director, Barton Immunopathology Laboratory, from the Class of 2000.
- Dr. Vadivel Ganapathy, professor of biochemistry and molecular biology, from the Class of 2001.

The Department of Pediatrics received the Outstanding Clinical Science Teaching Department Award from the Class of 1998 and the Department of Pathology received the Outstanding Basic Science Teaching Department Award from the Class of 2000.

Dr. Rakha V. Gupta, a resident in obstetrics and gynecology, received an Excellence in Teaching Award from the Class of 1998.

Drama Never-Ending for Ringside Physician

Christine Hurley Deriso

As an emergency medicine physician in Las Vegas, Dr. Edwin "Flip" Homansky ('76) expects the unexpected, prepared at a moment's notice to treat emergencies ranging from minor to life-threatening.

But the emergency room isn't the only setting that calls for his medical expertise and split-second instincts. Dr. Homansky has been the ringside physician for more than 100 championship fights since 1980.

"I truly enjoy seeing individuals who have honed their bodies to the ultimate competing one on one," said Dr. Homansky, whose practice, Doctors Emergency Medical Services, serves three hospitals in the Las Vegas area.

Name a memorable moment from a boxing match, and chances are excellent that Dr. Homansky has been front and center. For instance, when Mike Tyson bit off a chunk of Evander Holyfield's ear during a 1997 match, Dr. Homansky was standing just a few feet away. But unlike the rest of the world, he was less interested in the drama of the astonishing moment than in the medical implications. Shortly after the incident, Dr. Homansky was in surgery, assisting a plastic surgeon as the ear was pieced back together.

"I saw [Tyson] clench, but I had no idea what he'd done until I saw Holyfield grab his bleeding ear,"

Dr. Homansky considers his role as ringside physician a natural extension of his specialty. In both the emergency room and the boxing ring, Dr. Homansky must be prepared to respond to any medical emergency. During one fight, for instance, he had to establish an artificial airway for a fighter who had been knocked unconscious and couldn't breathe. "My psyche is such that I'm comfortable with acute-care intervention," Dr. Homansky said. "I like problem-solving and short-term resolution."

But the boxing ring has added pressures that would challenge even the most cool-headed physician, he said. Not only must he treat medical emergencies, but he must anticipate them. The referee confers with him throughout the fight to make vital decisions such as whether to let a potentially dangerous round proceed. And every decision Dr. Homansky makes is witnessed by an audience that often numbers in the millions. "In the emergency room, I face life-and-death situations all the time, but it's hard to appreciate the pressure of [making medical decisions] at a fight in front of the media and the crowd."

Such stress, he said, is magnified by the brutal nature of the sport. Indeed, boxing is so dangerous that the American Academy of Neurology Physicians and the American Medical Association oppose the sport. "The scientific evidence shows that prize fighters lose IQ points," said Dr. Thomas R. Swift, chairman of the Department of Neurology. "The human brain is not equipped to deal with the trauma of being repeatedly hit in the head, and some prize fighters are in the ring for years."

Dr. Homansky is fully aware of the hazards. But since boxing is legal, he asserts, he wants to do everything possible to safeguard the athletes. "Boxing will never be totally safe, but my job is to make it as safe as possible," he said. "There are some situations beyond my control. You do the best you can."

The fight he most enjoyed working was the Sugar Ray Leonard-Tommy Hearns competition. "Two young champions were at their peak. They both were ultimately winners coming out of that fight. You can't beat that."

Boxing notwithstanding, Dr. Homansky's work load is formidable. He is chief of staff of Valley Hospital Medical Center, chairman of the Clark County Emergency Medical Services Board and a past president of the Nevada chapter of the American College of Emergency Physicians. He also is the former chief executive officer of the Las Vegas Stars, a Triple A baseball team of the San Diego Padres. Add boxing to the mix and he is a study in almost non-stop motion.

"Fight nights can last six hours easily. It's a major commitment. The remuneration is minimal compared to the time involved," he said.

But he loves his fast-paced career, knowing he can always retreat to his hometown of Savannah, Ga., when he needs a little rest and relaxation. "I get back to Georgia about four times a year, and I've enjoyed coming back to MCG for Homecoming," he said. "I loved my years at MCG. We had a blast."

Dr. Lore Wright displays videophone used to communicate with care-givers of Alzheimer's patients

Calls Offer Lifeline to Care-Givers of Alzheimer's Patients

Christine Hurley Deriso

A reassuring voice on the telephone can be a lifeline for the often isolated care-givers of Alzheimer's patients, according to a researcher at the Medical College of Georgia.

Alzheimer's disease, the most common cause of dementia, has two sets of victims: those with the disease and those who love them, according to Dr. Lore Wright, chairman of the MCG Department of Mental Health/Psychiatric Nursing. She is researching the most effective ways to reach out to those who care for an Alzheimer's patient in their home.

"If care-giving spouses don't take care of themselves, we'll have two patients in the end," Dr. Wright said.

Recently, she and her colleagues made weekly phone calls over several weeks to 20 care-givers—mostly spouses—of Alzheimer's patients living at home. The nurses offered emotional support and practical tips for how to deal with symptoms of the disease, including forgetfulness and wandering.

For example, "we told care-givers that no matter how irrational their spouse's behavior, they should try to listen to the underlying need or feeling," Dr. Wright said. "If a husband with Alzheimer's disease says he wants to visit his mother who has been dead 20 years, the wife might say, 'You must have been thinking about your mother. We used to have such wonderful times in her house.' Then you can reminisce with him. You're doing two things: acknowledging an underlying feeling and diverting his attention."

Care-givers also can preempt certain problems; for instance, they can post a schedule with large type detailing how the Alzheimer's patient will spend his day. "This way, when the patient questions over and over, 'What are we doing?' or 'When are we leaving?', the care-giver can simply point to the list without having to answer the same question again and again," Dr. Wright said.

Other tips include camouflaging doors with sheets to prevent wandering outdoors and dressing the patient in simple, easy-to-manage clothing.

Of course, such tips must be modified to individual circumstances. "We've learned we have to individualize our intervention," Dr. Wright said. "We offer suggestions, but we always acknowledge they may not work. Each situation is unique."

During their phone calls,

the nurses also apprised the care-givers of resources available in the community, such as day-care centers for the elderly, and assessed the care-givers' emotional health.

"The care-giver has to be almost a therapist to the Alzheimer's patient, and that's very demanding," Dr. Wright said. "We taught care-givers how to self-monitor their moods on a scale of 1, being very depressed, to 9, being very happy. If they ranked their mood from 1 to 4, they were in the danger zone."

Those in the danger zone were urged to take a break, call a friend or family member for help or call the nurse — which sounds simple but often isn't for the elderly. "The older generation has a high ethos of self-reliance and doesn't want to ask for help," Dr. Wright said.

To counter such resistance, the nurses, rather than urging a care-giver to call a grown daughter for help, for instance, might reframe the situation and say, "I would imagine your daughter feels very left out that she can't help you more. Maybe asking her to pick up groceries for you once a week would help her feel more useful."

Dr. Wright stressed that health care providers help Alzheimer's patients when they emotionally support their care-givers. Her research indicates that Alzheimer's patients whose spouses maintain a positive emotional connection seem to live longer and have a higher quality of life than those whose spouses cannot maintain the connection.

The care-givers who received the phone calls responded very favorably to the interaction, Dr. Wright said. "Many said the phone calls were a tremendous help. But they said the program didn't last long enough."

Dr. Wright plans to follow up on the feedback. "I would like the program to last two years rather than several weeks," she said. She also is using researching the effectiveness of videophone interaction, which enables the nurses and care-givers to see each other on television screens during the phone calls. And she has developed a website, accessible via MCG's home page, providing tips for various problems a care-giver might encounter.

Nursing Students, Faculty Honored

The Medical College of Georgia School of Nursing presented student and faculty awards during its 1998 Honors Convocation June 6. The awards and their recipients are:

- Dean's Award of Best Essay by a Senior Student: Holly Elizabeth Shortt, for her essay, *The Balanced Budget Act of 1997: Medicare Reform and Problems Related to the Elimination of Venipuncture as a Reimburseable Nursing Skill in the Home.*
- E. Louise Grant Clinical Practice Award, awarded to a senior with outstanding clinical practice and standards: Tammy Lea Gragg.
- Community Nursing Clinical Practice Award, awarded to a senior with outstanding clinical practice in community nursing: Holly Elizabeth Shortt.
- Hildegard Peplau Award, awarded to seniors demonstrating excellence in psychiatric care: Dietrich Austin Gregory from the School of Nursing Augusta campus and Holly Elizabeth Shortt from the school's Athens, Ga., campus.
- Drs. Vickie A. and Clinton E. Lambert Nursing Scholarship Award, awarded by the Dean and her husband to a Ph.D. student who demonstrates excellence in scholarly written work: Jin-Sun Kim.
- Leilee P. Ault Clinical Excellence in Graduate Adult Nursing Award, awarded to a graduate student for outstanding clinical competence, leadership and application of research findings in the clinical setting. Janice P. Wood.
- Betty M. Golden Scholarship Award, awarded to a rising senior for leadership, mentoring and innovation in nursing: Tammy Lynn-Howell Schreiber.
- The Dean Vickie A. Lambert Student Nurses' Association Member of the Year Award, awarded to distinguished members of the Student Nurses' Association: Dennis Hugh Woods, Augusta campus, and Katherine Adriana Bergh, Athens campus.
- The Dr. Katherine E. Nugent Student Nurses' Association Leadership Award, awarded to an outstanding leader in the Student Nurses' Association: Kristi Leigh Boram, Augusta campus, and Heather Lorraine Clay, Athens campus.
- Spirit of Nursing Award, presented by the U.S. Army Nurse Corps: Jodi Lynn Lange, Augusta campus, and Sandy Pyle, Athens campus.
- Faculty and Spouse Club MCG Scholarship Award, recognizing academic excellence: Samantha Brandy Woods.
- Director's Award, awarded to a graduate student in nursing anesthesia: Jayne Drake Andrews.
- Marilyn Chew Lunn Memorial Nursing Leadership Award, awarded to an outstanding leader in nursing education or clinical nursing practice: Gayle W. Bentley, Instructor of Community Nursing.
- Outstanding Faculty of the Year: Patricia Graham, assistant professor of adult nursing and director of the School of Nursing Learning Resources Center.
- E. Louise Grant Faculty Scholar: Dr. Sheila Bunting, associate professor of community nursing.
- Virginia H. Kemp Leadership Award: Dr. Virginia H. Kemp, professor and associate dean of the School of Nursing Graduate Programs and Research.

Dr. Lambert Named to Selection Committee

Christine Hurley Deriso

Dr. Vickie A. Lambert, dean of the Medical College of Georgia School of Nursing, has been named to the Selection Committee of an awards program to encourage children's health initiatives in Georgia.

The Glaxo Wellcome Child Health Recognition Awards Program, which will honor creative approaches to improving children's health and quality of life, will be launched this month. The program was established by Glaxo Wellcome Inc. and is coordinated by the Task Force for Child Survival and Development. Rosalynn Carter, wife of former President Jimmy Carter, is Honorary Chairman of the program. Dr. William Elsea, Professor of the Emory and Morehouse Schools of Medicine, chairs the working group.

Other members of the Selection Committee are Dr. James Curran, dean of the

Rollins School of Public Health; Dr. Martin Smith, past president of the American Academy of Pediatrics; Dr. Marshalyn Yeargin-Allsopp at the Centers for Disease Control and Prevention; Dr. Michael Thurmond, a distinguished lecturer at the University of Georgia School of Law; and Dr. Adrienne Butler, a pediatrician in Waycross, Ga.

Book Offers Ready Access to Medical Tests

Christine Hurley Deriso

A headache may seem like a relatively mundane medical problem, but there's nothing simple about it. It may signal stress, an allergic reaction, an aneurysm or a brain tumor, just to name a few possible causes. A nurse at the Medical College of Georgia wants to help ensure that the health care community has ready access to the information needed to diagnose and treat the headaches and countless other illnesses they confront day after day.

Dr. Cinda C. Chernecky, associate professor of adult nursing at MCG, has co-edited a book, soon to be published in its third edition, called *Laboratory Tests and Diagnostic Procedures* (W.B. Saunders Co.) The book is a two-part comprehensive reference for health care professionals. The first part lists illnesses, tests a practitioner would consider to treat them and associated conditions. The second part alphabetically lists medical tests and procedures. Also included are age-related medical issues, from birth to old age; gender-specific medical information, if applicable; risks and contraindications of medical tests; and factors, such as drugs, that interfere with test results.

"We needed a reference whose main purpose was to be used by clinicians—both nurses and physicians. There's not a comparable clinical reference that includes so many tests," said Dr. Chernecky, who co-edited and partially authored the book with Barbara J. Berger, director of nursing at University Hospitals Health Systems in Bedford, Ohio. "And since the tests are listed alphabetically, the information is so easily accessed."

To compile the 1,082-page book, the nurses obtained information from health care professionals worldwide. "Our sources are literally from all over the world," Dr. Chernecky said. She and her co-editor sorted through the information, researching it thoroughly to ensure its reliability. They also drew on their own expertise—Dr. Chernecky's in oncology nursing and Ms. Berger's in critical care.

The book has been published in two foreign languages and has enjoyed brisk sales. "We've had excellent professional response," Dr. Chernecky said. "It's sold well in nursing, medicine and, to our surprise, law."

Many health sciences schools also use the book in the classroom. "I refer to it in both teaching and clinical practice," she said.

Dr. Chernecky has written four other books for health professionals. "I enjoy it very much," she said. "I like the outcome, the ability to help practitioners so they can give quality care in a very timely manner."

Dr. Cecelia Chernecky with her book

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William McCartney holds a Bachelor of Science in Business Administration from Auburn University and a Juris Doctor from Cumberland School of Law at Samford University. He is a member of the State Bars of Georgia and Alabama and the Augusta Bar Association. A certified financial planner, he is also a member of the Augusta Estate Planning Council.

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William McCartney
Vice President

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Medical College of Georgia Hospital and Clinics

ANNUAL REPORT

The Medical College of Georgia Hospital and Clinics received a special invitation this year. It initially came over the telephone—no engraving, no fine cotton paper. It did come from the White House, but that's not what made it special. What made this invitation stand out was the fact that it was in recognition of the hospital's commitment to families—the parents, daughters, sons, grandparents and brothers and sisters of its patients.

The invitation was to three MCG administrators to participate in the seventh annual national Family Re-Union conference moderated by Vice President and Mrs. Al Gore. President and Mrs. Bill Clinton also participated in the conference, televised live via satellite to 300 sites across the country.

The message that MCG Hospital and Clinics Executive Director Patricia Sodomka impressed upon the forum was that MCG listens to its patient families—listens not only to their heartbeats, but to their hearts.

Her message was reiterated by Vice President Gore at the forum's conclusion: When we ask families to participate in being full partners, we must not listen just to the heartbeat. We must listen to the heart, giving families hope that they will be valued, informed, listened to, really heard when they speak from their hearts.

Families have contributed significantly to MCG Hospital and Clinics, where their ideas and suggestions are at the core of the award-winning design and furnishings of the MCG Children's Medical Center.

MCG Hospital and Clinics listened and heard patients of MCG's Stem Cell Transplant Program who spoke from their hearts at the first anniversary celebration of the program. The transplant program allows cancer patients to receive this specialized cancer treatment close to home, their loved ones and friends. Twenty-one patients—double the number expected—received stem cell transplants since the program started in June 1997.

Elderly patients treated in MCG's Geriatric Service were heard when they requested an easily accessible facility designed to meet their special needs. The result was establishment of Senior Health Associates at the new MCG Center for Senior Health, a place where geriatricians, nurse clinicians and social workers work as a team to care for senior patients and provide support for their families.

Ambulatory surgery patients and their families wanted a private and comfortable waiting area in the Ambulatory Procedure Center. The new area, located across the lobby from the Ambulatory Surgery Unit, provides seating for 55, two private consultation rooms and a play area for children. Also completed were renovations to the pre-operative admissions section which include its own seating area for patients and their families. The project was largely in response to concerns expressed by patients in satisfaction surveys.

Patients entering the hospital through the Ambulatory Procedure Center include all who are scheduled for surgery in the Ambulatory Surgery Unit as well as those who are being admitted for surgery that day in the main operating rooms.

The State Health Planning Agency approved MCG's acquisition of a gamma knife enabling brain surgery for some tumors without the need to open the skull. The knife, which dramatically reduces surgery time and can cut patients' surgery bills in half, will have many roles at MCG, such as destroying areas of the brain that cause seizures, eliminating select nerves to reduce the shooting pain of trigeminal neuralgia, treating brain tumors and destroying malformed blood vessels that impede proper blood flow.

The non-invasive approach of the gamma knife, called stereotactic radiosurgery, gives neurosurgeons access to some tumors and other aberrations that may be inaccessible by traditional surgery or otherwise inoperable. MCG Hospital and Clinics is the second facility in Georgia to obtain a gamma knife for such surgery.

The continued emphasis on patient- and family-centered care continued during the 1998 fiscal year to be a force behind the operations and planning at MCG Hospital and Clinics. It was a constant in a year of change.

Changes in academic health care and the shift from inpatient care to ambulatory care were considered in a review of MCG's business strategies and management structure by the accounting firm, Arthur Andersen.

The Arthur Andersen review was part of an ongoing process initiated by the University System of Georgia Board of Regents to determine ways to preserve and strengthen MCGs position as a health care leader. An organizational structure for MCG Hospital and Clinics will be determined which will allow MCG Hospital and Clinics to continue serving MCG's educational and patient care missions in an increasingly competitive health care environment.

During 1998, MCG also entered into a research initiative partnership with Blue Cross and Blue Shield of Georgia that examines how health care is delivered, identifies the best care and disseminates that information to practitioners and future physicians. The Center for Healthcare Improvement is a first in Georgia, pairing the patient care, research and educational capabilities of a

health sciences university with the extensive physician network, patient population and data management expertise of a large health care plan.

As the regional trauma center, MCG was put to the test early on a Sunday morning in August 1997 when eight of 13 victims from an accident on Interstate-20 were brought to Emergency Medicine for care. Within 30 minutes of being notified of the accident, more than 100 critical care staff members had gathered and were waiting for the accident victims, 12 cheerleaders and their coach from State University of West Georgia who were on their way to a cheerleading camp in Myrtle Beach, S. C., when their van left the highway and overturned.

Praise of the MCG staff came from not only within the facility but emergency medical services personnel and flight crews who transported the victims to MCG from rural Georgia.

In preparation for the injured, five operating rooms were prepared at MCG and two others were reserved at the adjoining Department of Veterans Affairs Medical Center. In addition, representatives of Pastoral Care Services, Patient Relations, Media Relations, Social Work and Public Safety were on hand. Support for anxious family members was provided as well as grief counseling for the less injured victims. MCG also coordinated with officials of State University who came to Augusta from Carrollton.

The response to the August accident is typical of the teamwork evident throughout MCG Hospital and Clinics.

A national model for Emergency Services is being created that includes a comprehensive outpatient medical practice which incorporates multiple service lines. The result is Emergency and Express Care Services. Service lines in place or planned for the near future include Pediatric Emergency Medicine, Pediatric Express Care, Adult Express Care, Occupational Medicine, an observation unit and an associated emergency cardiac care program, telemedicine and the pediatric and adult trauma services in additional to the traditional emergency department. Also, renovations were begun to connect to emergency facilities in the new MCG Children's Medical Center.

Patient volumes have provided strong indications that the premises on which the program has been built are valid. Patient visits in Emergency Services in December reached 4,013 for the month, breaking all records for the department. According to Dr. Larry Mellick, chairman of the Department of Emergency Medicine, the increase in patient volume has been across the board.

The service line concept in which inpatient and outpatient services are integrated was initiated in MCG Hospital and Clinics during the year. Designed to enhance the continuum of care, communications and teamwork, the service line concept was first implemented in Adult Cardiology and Neurology/ Neurosurgery. Others include the Perinatal Service Line and Oncology Service Line.

"Integrating inpatient and outpatient nursing staff is resulting in better communications and teamwork," said Perinatal Service Line nurse manager Jean Carmany. "All in all, our patients benefit in the long run. I've seen improvement in the continuum of patient care between units, as well as enhancement of the quality of care provided. The care is seamless."

To give community physicians access to facilities of MCG Hospital and Clinics facilities and to enhance the hospital's staff in certain areas, the bylaws of the medical and dental staff were amended at the beginning of the fiscal year. The change will pave the way for community specialty and subspecialty physicians to be eligible to apply for privileges to admit patients to MCG Hospital and Clinics.

Clinical faculty appointments with admitting privileges were first extended to community general pediatricians in 1995 in anticipation of the opening of the new MCG Children's Medical Center. The extension of admitting privileges to specialty and subspecialty physicians represents a partnership with community physicians who have a serious interest in MCG Hospital and Clinics three-fold mission of patient care, education and research.

A partnership with the U. S. military was strengthened when MCG Hospital and Clinics became the exclusive civilian provider in the Augusta area for the TRICARE health care services network for military retirees and their dependents. Under the TRICARE network, civilian hospitals enter into contracts to provide care for eligible military retirees when that care is not available at a military facility.

In July 1997, a contract was established through which MCG provides managed health care for the Georgia Correctional System. To provide this care, MCG is networking with physicians and hospitals throughout Georgia via contracts with hospitals, providers and suppliers.

In the current health care environment, hospitals are increasingly accountable to consumers, employers and insurers to demonstrate their ability to provide high quality care in the most efficient and effective manner. One way to assess performance is for hospitals to conduct meaningful comparisons among themselves. A primary source for comparison for MCG Hospital and Clinics is the University HealthSystems Consortium (UHC), an organization of academic health centers across the country. UHC's clinical data base provides access to data from all participating member hospitals for the comparison of resource utilization, costs and length of stay. The goal is to make the data available to those who will use it to effect positive change.

The UHC also provides for improvement through patient satisfaction surveys. MCG Hospital and Clinics participated in six surveys this year through UHC. Results are reviewed with departmental faculty and staff to determine what may have caused a low score or a comment and to begin working on ways to improve total quality. Performance improvement teams are being developed to review the survey results, make recommendations for improvements and to monitor the effectiveness of these improvements.

The changes and progress made during the past year

are in keeping with the mission and vision of the Medical College of Georgia Hospital and Clinics: to manage value, manage community health care needs and manage change in health care delivery. With patients and their families continuing to be in the forefront and shaping its vision, MCG Hospital and Clinics will create a model health care delivery system to enhance the overall patient care, teaching and research mission of the Medical College of Georgia.

This map designates MCG clinics and telemedicine sites that enable MCGs resources to be accessed throughout the state. Circles with numbers indicate multiple clinics in that location.

MCG Health, Inc. to Strengthen Health Care Mission

Editor's note: The following information explains MCG Health, Inc., a not-for-profit organization through which the University System of Georgia Board of Regents has authorized MCG to pursue a new organizational structure for the MCG Hospital and Clinics. The endorsement of a memorandum of understanding between the Board of Regents and the not-for-profit MCG Health, Inc. is considered a significant step to preserve and strengthen MCG's position as a health care leader.

Q. What is MCG Health, Inc.?

A. MCG Health, Inc., established in November 1996, is a not-for-profit corporation affiliated with MCG. Its new charge is to explore options for the operating and managing MCG Hospital and Clinics.

Q. Why was MCG Health, Inc. created?

A. MCG Health, Inc. was created to determine an appropriate management entity for MCG Hospital and Clinics to compete on a favorable basis in the health care market. With the authority to enter into joint ventures and form partnerships with other organizations, the selected operational structure will have the opportunity to gain access to the necessary patient volume to fulfill MCG Hospital and Clinics' educational and patient care missions. That organization also will be able to enter into multi-year contracts, accumulate reserves, borrow capital to finance improvements, invest in capital improvements and new technology, accept and manage risks in a competitive manner, and align and integrate the hospital and physicians.

Q. How is MCG Health, Inc. operated?

A. As established by law, the corporation is governed by a board of directors. There are 11 voting members of the board: four members of the Board of Regents, the chancellor of the University System or his delegate, the president of MCG, three business professionals, the dean of the MCG School of Medicine and the president of the MCG Physician's Practice Group. Non-voting ex officio members are the executive director of MCG Hospital and Clinics, the executive director of MCG Health, Inc., and the chief financial officer of MCG Hospital and Clinics.

Q. Who will be in charge of MCG Health, Inc.?

A. As with any incorporated organization, a board of directors is ultimately in charge, and one of the initial tasks of the new MCG Health, Inc. board is to identify and hire a chief executive officer to manage MCG Health, Inc.

Q. How will this affect the faculty and staff at MCG?

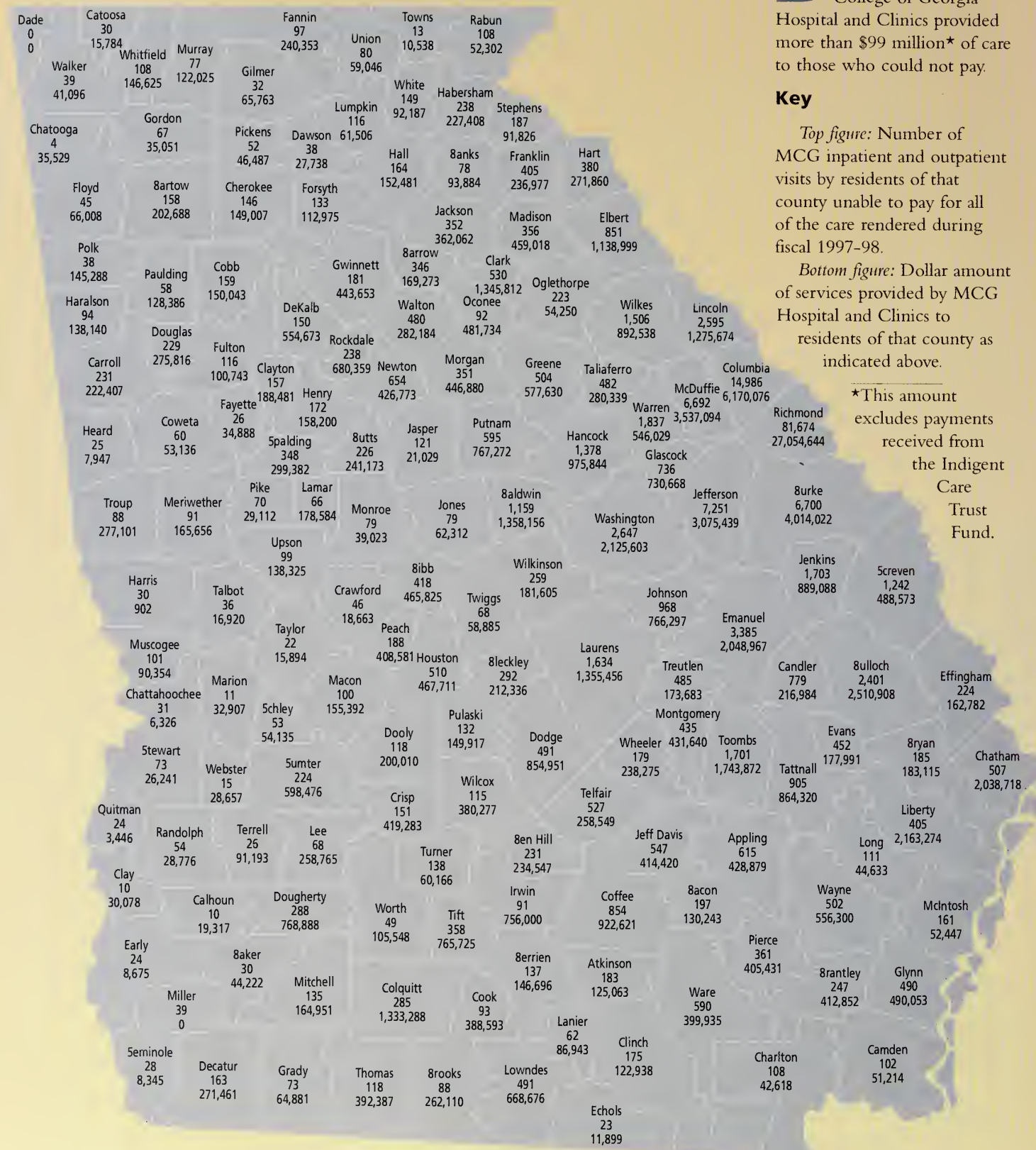
A. There will be few noticeable short-term changes—other than the increased demands placed on those taking an active role in the planning process. It is anticipated that current programs and services for the provision of patient care will continue throughout the planning process. The new operating structure that evolves from the planning process will determine the reporting relationships between faculty and staff, the University System and the new operating structure.

Q. How will MCG jobs change?

A. MCG will carefully plan and fully explore the implications of any change for faculty and staff. Many questions, such as whether employees will remain on the state payroll and retain state benefits or fall under a new pay and benefit structure, must be carefully studied. The best interests of all faculty and staff come first.

Q. How does it affect management?

A. No changes will occur in the existing organizational structure of MCG Hospital and Clinics as ways are studied to meet the demands of a changing health care market.



During fiscal year 1997-98, the Medical College of Georgia Hospital and Clinics provided more than $99 million* of care to those who could not pay.

Key

Top figure: Number of MCG inpatient and outpatient visits by residents of that county unable to pay for all of the care rendered during fiscal 1997-98.

Bottom figure: Dollar amount of services provided by MCG Hospital and Clinics to residents of that county as indicated above.

*This amount excludes payments received from the Indigent Care Trust Fund.

Summary Statement of Current Funds Revenues, Expenditures and Other Changes

Year Ended June 30, 1998

	Unrestricted			TOTAL CURRENT
	Educational and General	Auxiliary Enterprises	Restricted	FUNDS
Revenue				
Educational and General Revenues				
Student Tuition and Fees	$ 9,381,417.22			$ 9,381,417.22
Federal Appropriations				0
State Appropriations	155,190,710.00			155,190,710.00
Equipment/Technology/Construction Trust Fund				0
Local Appropriations				0
Federal Grants and Contracts	2,491,182.22		14,218,363.52	17,159,545.74
State Grants and Contracts	81,203.46		81,335,904.56	81,417,108.02
Local Grants and Contracts			631,309.46	631,309.46
Private Gifts, Grants and Contracts	432,389.40		38,234,851.48	38,667,240.88
Investment Income				
Endowment			71,892.66	71,892.66
Other				0
Sales and Services				
Educational Activities	4,554,361.90			4,554,361.90
Hosptial and Clinics	205,575,552.29			205,575,552.29
Other Sources	4,136,993.15			4,136,993.15
Total Educational and General Revenues	382,293,809.64	0	134,498,321.68	516,792,131.32
Sales and Services of Auxiliary Enterprises		5,268,130.28		5,268,130.28
TOTAL REVENUES	**382,293,809.64**	**5,268,130.28**	**134,498,321.68**	**522,060,261.60**
Expenditures and Mandatory Transfers				
Educational and General Expenditures				
Instruction	98,341,152.39		37,760,077.19	136,101,229.58
Research			17,168,829.76	17,168,829.76
Public Service	3,022,707.13			3,022,707.13
Academic Support	10,308,576.58		509,648.35	10,818,224.93
Student Services	1,632,834.02			1,632,834.02
Institutional Support	13,983,044.71		1,270,395.28	15,253,439.99
Operation and Maintenance of Plant	13,760,769.92			13,760,769.92
Scholarships and Fellowships	1,168,430.14		1,162,408.00	2,330,838.14
Hospital and Clinics	239,477,078.54		76,626,963.10	316,104,041.64
Total Educational and General Expenditures	381,694,593.43	0	134,498,321.68	516,192,915.11
Auxiliary Enterprises Expenditures		4,545,689.24		4,545,689.24
Mandatory Transfers				0
TOTAL EXPENDITURES AND MANDATORY TRANSFERS	**381,694,593.43**	**4,545,689.24**	**134,498,321.68**	**520,738,604.35**
Other Transfers and Additions/Deductions				
Excess Restricted Receipts Over Transfers to Revenues			4,826,912.34	4,826,912.34
Non-Mandatory Transfers		(377,233.52)		(377,233.52)
Adjustments—Prior Year	357,872.20	842.86		358,715.06
Lapse of Surplus—Prior Year				
To State Treasury—General Funds	(364,346.04)			(364,346.04)
To State Treasury—Lottery Funds/Regular	(5,445.34)			(5,445.34)
TOTAL OTHER TRANSFERS AND ADDITIONS/DEDUCTIONS	**(11,919.18)**	**(376,390.66)**	**4,826,912.34**	**4,438,602.50**
NET INCREASE (DECREASE) IN FUND BALANCES	**$587,297.03**	**$346,050.38**	**$4,826,912.34**	**$5,760,259.75**

Thank You, Donors

It is impossible to overstate the impact of donors when charting the future of the Medical College of Georgia. The extraordinary generosity of MCG donors enables the university to develop extraordinary goals—and to meet them. The Medical College of Georgia has developed an international reputation as a center of excellence in research, teaching and patient care. This would not have been possible without your help. Obviously, no single publication can adequately convey our most heartfelt appreciation for those who give of their time, talent and assets to ensure MCGs continued excellence. But please accept this edition of Medical College of Georgia Today as a small token of our thanks. We couldn't do it without you.

George Weiss donated assets valued at approximately $18 million to the Medical College of Georgia shortly before his death Dec. 17, 1997.

The Medical College of Georgia hosts a President's Dinner every fall to honor members of the President's Club. These are scenes from the 1997 dinner.

President's Club

President's Level

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WZNY-Y105.7

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